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AFTER-CARE OF INFANTILE PARALYSIS

BY JESSIE L. STEVENSON, R.N.

THE CONVALESCENT care of infantile paralysis begins as soon as the acute cerebral, or febrile symptoms have subsided and may continue for several months or several years. This period may be shortened a great deal by prompt and continuous orthopedic treatment. The earlier the treatment is begun and the more faithfully it is continued, the more favorable are the chances for improvement and recovery.

The average person thinks of infantile paralysis as being associated with crippling deformities—a twisted foot, a hump back, a dangling arm, or a bad limp. It is true that every case of poliomyelitis is a *potential* cripple but proper treatment, promptly begun, can spare him the mental and physical pain of a hideous deformity. It has been said that while there are limits to the cure of a deformity which has developed, there are relatively few limits to the *prevention* of these deformities when taken at an earlier age.

Since the after-care of infantile paralysis must be continued at best for a relatively long time, it is important at the outset that all who are connected with the care of these children shall have a clear perspective of the varied phases of the problem.

A well rounded program for their care must plan not only for their physical needs, but for their education, their vocational or professional training, and their adjustment to society.

Obviously the physical care must come first and must often be continued and carried on hand in hand with education, while the problem of readjustment to society is going on all the time. If, however, physical rehabilitation can be accomplished at an early age, the other problems are solved by elimination.

This means that the doctor, the nurse, and the mother who is taught by them, occupy a strategic place in the convalescent care and have an unusual opportunity for doing constructive work of the highest character.

KEEN OBSERVATION NECESSARY

All nurses should be able to recognize tendencies to deformities, point them out to the parents, and teach them how to guard against them by attention to posture of the affected parts, proper rest, and hygiene.

Other aspects of convalescent orthopedic care, such as detailed muscle examinations, massage, and exercises, need to be given and supervised by nurses or physiotherapists with special training.

After the acute stage has subsided, the affected muscles are very likely to be sore and sensitive to the touch. Sometimes this sensitiveness disappears after a few days; in other cases it may persist for weeks or even months. It may be relieved a great deal by warm salt tub baths. Very often immediate relief is felt.

As long as the soreness continues, there should be no massage or exercises, for this treatment may prove injurious to the nerves and prolong the pain. Careful attention should be given to posture, even in this stage, for deformities develop even more quickly when the muscles are sensitive. Partial paralysis occurs much more frequently than does total paralysis. This causes a lack of muscle balance which favors deformity and mal-position aggravates it.

For instance, let us suppose that the muscles which bring the foot up are weakened, while the muscles which extend the foot and draw the heel back are strong. The strong muscle will become contracted and the heel tendon, accordingly, shorter, while the weak muscles in front willl become stretched and longer. If the weight of the bed clothes also pushes the foot down, the contracture of the heel will be increased, and a position of foot drop produced. On the other hand, if the foot is supported, at the position of right angles, the strong muscles will not contract and the weak ones will have an opportunity to regain their strength.

Other common tendencies to deformity which may be observed in the feet or legs are eversion of the foot, inversion of the foot, stretched heel, contractures of the knee and hip, knock-knee, and turning of the legs outward from the hip.

Contractures of the hip and knee may be caused by placing a pillow under the knee, or by allowing the child to sit with the knees flexed for long intervals. When this condition occurs, the child should have the knees in the extended position and pillows should not be allowed.

One mother whose child had a contracture of the hips succeeded in stretching it out by turning the child in the face-lying position for a half hour each day and placing a sand-bag over the buttocks. If there is a tendency to drop foot, the feet should be supported, if this method is to be used. Care must always be taken in treating one deformity not to aggravate another.

The turning of the legs outward should be guarded against, as it causes a very bad gait when the child begins to walk. The legs may be supported by sand-bags but this is not very effective, as they get out of place so easily. Our Italian mothers have taught us a simple but very effective way, that is, of tying the legs together, swaddling clothes fashion, being careful that the legs are turned inward from the hip. A simple wooden frame which may be constructed by the father, also helps to support the affected leg very well. The end may be made high enough to keep the weight of the covers off the feet.

Light wire splints, or removable plaster casts, are most effective in holding the feet and legs in proper position. Apparatus or braces are worn for two reasons—to prevent deformity by supporting the affected parts in the proper position and to aid in walking.

Knock-knees may sometimes be

corrected by bandaging the knee tightly to the side of the splint or brace, getting as much pressure as possible on the inner side.

Drop-toes may be supported by cutting a piece of cardboard the size of the foot and placing it inside the stocking.

Weakness of the abdominal and back muscles may cause a spinal curvature. This can develop very quickly from sitting up without support or by twisting the body to the strong side when the child is lying in bed. A stiff canvass corset is often ordered to protect these muscles.

When the neck and back muscles are affected, the bed or crib should not be kept continuously on the same side of the room, since the child may develop a wry neck or a spinal curvature by constantly turning the head and trunk in the same direction.

The shoulder muscles are the muscles of the arm which are most often affected. The muscles which adduct the arm tend to become tight while the muscles which bring it to shoulder level become stretched. Following the acute stage, the arm should be abducted to shoulder level and propped out with pillows. Often there is also a contracture of the forearm in the position of pronation. This should be guarded against, for one must flex his forearm in the supinated position to feed himself. If the child is small and the shoulder also tends to turn inward, the arm may be brought to shoulder level, the shoulder rotated outward, the forearm supinated, and the sleeve of the gown pinned to the crib sheet of mattress.

One of the muscles in the hand which is most frequently affected is the muscle which draws the thumb to the opposite side of the hand. One boy who had a partial paralysis of both hands had the thumb of the weaker one bandaged tightly to the opposite side of the hand. At the end of several months, the weaker muscle which had been bandaged was nearly normal while the unsupported one on the opposite hand, originally the stronger, remained weak. This illustrates the importance of posture in giving muscle power a chance to develop.

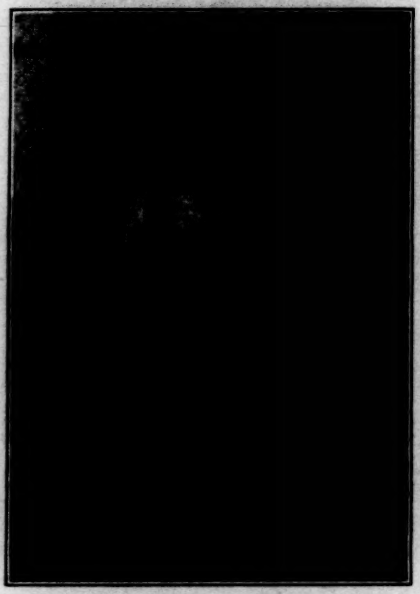
Arm brace worn to prevent shoulder muscles from becoming stretched and to prevent drop wrist.

When the child is up and walking, arm splints are often used to protect the weakened muscles and prevent contractures of the stronger ones.

Treatment

As soon as the sensitive stage is over, massage and exercises may be begun. Massage may be given with warm sweet

oil, cocoa butter, or talcum powder. The purpose of the massage is to stimulate the circulation. It should be given very gently, especially in the more recent cases.



This boy had infantile paralysis in 1923. Walks well with one brace. No deformities.

An electric baker or thermolite may be used to bring warmth to the tissues. Before preparing a list of exercises, a detailed muscle examination must be made. In order to do this, one must know the origin, insertion and action of all the important muscles.

Each exercise is usually given ten times. Exercises should be given once a day, six days a week. In the beginning, better results may be obtained if the nurse gives the treatment two, or preferably three, times a week. The mother may be taught how to do it on the other days. Gradually, as the child improves and the mother grows more expert, once a week may be enough.

Two or three illustrations will show what may be accomplished by such care and what may happen when it is lacking.

I

Billy is a five-year old boy who had infantile paralysis in the summer of 1923 at the age of 3. Both legs, abdominal and neck muscles were affected. The home was poor, but coöperation was excellent. Billy was given a salt bath in a galvanized tin wash tub, since there was no bath tub. A plaster removable cast was applied to one leg. Massage and exercises were given three times a week, and on the other days by the mother. One leg came back to normal power very soon. The improvement in the other was gradual. A canvas corset protected the back and abdominal muscles. At the end of five months a brace was ordered for the leg and Billy was allowed to walk. The treatment was continued for one year and a half. Recently when he returned to the orthopedic clinic, the doctor said that he had improved so much that the brace was no longer needed. The corset is to be worn for a short time longer and a support is necessary in the inside of the shoe, but to see him walk, one would not know that he had ever been crippled. He is now no more of an educational or vocational problem than are his three brothers.

II

John is a boy who had infantile paralysis when he was three. His mother was given the same advice as Billy's had received, but she refused to follow it; she thought that improvement was so slow. She tried nearly every sort of treatment in the city in an endeavor to find a quick cure.

At the end of six months, she called the nurses again and asked if she might go back to the orthopedic doctor. By this time John's legs were contracted at the hips and knees into a typical frog-leg position and his feet were badly twisted. An operation was necessary which might have been prevented had the right treatment been followed.

Not all infantile paralysis patients—

even with good care—turn out as well as did Billy, but this we do know, that deformities can nearly always be prevented and that children can learn to walk with braces or crutches.

The importance of rest in the beginning cannot be over-emphasized. One little girl who had an attack so light that it was not diagnosed began to limp badly. She had a pronounced weakness in several muscles. She was then taken to a doctor who said that the child had had an attack of infantile paralysis. He advised that she be kept off her feet entirely, that massage and exercises be given daily, and that she return at the end of a month. By that time she was much improved, and at the end of three months she was nearly normal. Without the rest, she might have developed a permanent weakness.

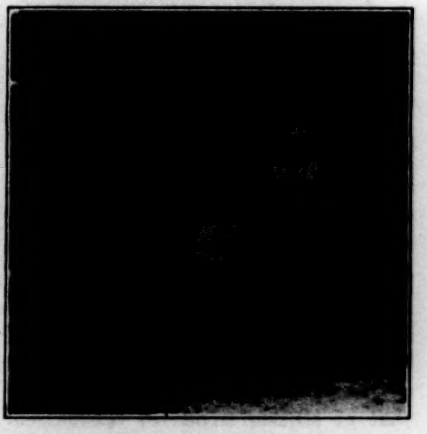
A boy who is able to walk without a brace, but who still wears one to protect the muscles of the knee, had to have the brace repaired. He walked that day without the brace and at the end of the day was limping badly. This shows the result of fatigue in only slightly weakened muscles.

One thing which impresses nurses who have cared for infantile paralysis patients is that these same principles may be applied to many other conditions.

A boy with osteomyelitis of the lower leg acquired a contracture of the flexor muscles of the knee from sitting constantly with the knee bent. A burned case developed a bad contracture from having a pillow under the knee for several weeks.

A woman who had an infection following childbirth, developed bad contractures of the hips, knees, and heels—if not caused, at least aggravated by malposition. Hot applications, massage, stretching of contractures, and exercises, together with splints worn for the feet have after three months brought this patient back to nearly normal.

The old maxim, "Prevention is better than cure," applies very aptly to the treatment of all such conditions.



The little girl at the left has just learned to stand alone, the one in the center has just discarded crutches, while the boy at the right walks with a long brace. None of these children have deformities—due to prompt after care.

"Old Sol is a good baby doctor. Let him have a chance at your child!"

So says Dr. Martha M. Eliot, director of child hygiene of the Children's Bureau, U. S. Department of Labor, urging "more sunlight for babies."

Doctor Eliot is directing a demonstration of the control of rickets in New Haven, Connecticut, in which the Children's Bureau and the Pediatric Department of the Yale school of medicine are coöperating. This demonstration has proved again the power of the sun in preventing and curing rickets.

"In the campaign for better babies and healthier children," says Doctor Eliot, "more stress must be laid upon sunlight. The baby or little child who has been kept out of doors and tanned by the sun is strikingly healthy and vigorous in contrast to the pale, flabby baby or child who has been kept indoors.

THE SPIRIT OF NURSING[1]

By Mary M. Roberts, R.N.

THE SPIRIT of the true nurse is one of the most beautiful gifts of a bountiful Creator. I venture to discuss it only because almost daily I have marvelous opportunities for the exchange of opinion, through conference or correspondence, with some of the most shining souls in our profession and I should like to say that the luminous thing that shines back of the work of the true nurse is quite as apt to be found in the obscure as in the great. The quality of the spirit is the same whether it be in the relatively unknown but well-loved nurse or in the conspicuous leader who, in addition to her spiritual quality, was born with certain other characteristics that have advanced her from the ranks.

One of the functions of an editor is that of sensing trends of thought, of feeling them and interpreting them for those less fortunate in their daily contacts. One of the disadvantages is that she sees far too little, for her own soul's sake, of the actual care of patients and the actual teaching of students, but there is one phase of this subject I *know* beyond doubt that I can speak about and that is the expression of the spirit of nursing which is called comradeship, for in city after city and town after town I have met nurses, utter strangers, who have given of their time, their knowledge, their hospitality, with lavish hand to further my work and my happiness. It takes real spirit to do that at inconvenient times.

The spirit of nursing is one of the most indestructible elements in the lives of those who possess it. Like fine steel, it gives form and substance but yet is flexible, it is shining but durable. It is made up of such qualities as *courage*, the quality Barrie calls "the Lovely Virtue, the very rib of Himself, God gave to His children," *love of truth*, with the accompanying characteristics of frankness, fidelity and sincerity; *kindliness*, *tolerance*, *courtesy*, *generosity*, *compassion*, *sympathy*, and *benevolence*.

It is that quality that has, through all time, made good mothers tender with their little ones, that led Miss Nightingale into the Crimea, that takes the Delano nurses into rural districts, that makes Red Cross nurses "oversubscribe" any demand for volunteers, that makes the good visiting nurse or private duty nurse a household word in the homes which she has served.

It is, perhaps, best of all expressed in that type of loyalty that keeps a nurse on her job in the face of discouragement. It is one of the things of which nurses rarely speak and of which the possessor is probably unaware, except as it is translated into terms of happiness. I have noticed that it is sometimes unconsciously expressed in the indignations and anxieties of such nurses when they see patients receiving less than their due of care and consideration. These are things with which you are all as familiar, as am I. I simply

[1]Prepared on request of the Pennsylvania League of Nursing Education and read at the League meeting in Reading, Pa., October, 1924. Read also at a meeting of the District of Columbia Graduate Nurses' Association, Washington, in January, 1925.

happen to be in a position to see *more* than some of you.

Is Nursing a Profession?

What reasons have we for discussing this topic at this time?

1. Our sometimes contested claims to professional recognition.
2. Rather frequent subversive statements to the effect that "nurses are not what they used to be" and
3. The spiritual unrest of the world.

It would be an easy matter to spend the entire time allotted this paper on the one question, "Is Nursing a Profession?" I shall content myself with quoting two men whose opinions we respect. In 1915, Dr. Flexner, discussing the topic, "Is Social Work a Profession?" laid down the following criteria as a basis for judgment:

1. Professions involve essentially intellectual operations with large individual responsibility.
2. They derive their raw material from science and learning.
3. This raw material they work up to a practical and definite end.
4. They possess an educationally communicable technic.
5. They tend to self-organization.
6. They are becoming increasingly altruistic in motivation.

Dr. Flexner believes ours is a "twilight case" because of our more or less subordinate relation to medicine, but Dr. Kilpatrick of Teachers College makes out a better case for us. He believes that:

1. "A profession is a vocation by implication gainful, involving the individual and thoughtful application of a considerable body of organized knowledge in self-identifying service for others for the good of society."
2. "No nurse is merely the means to the health of the patient, still less to the success of the physician."

You will note Dr. Kilpatrick's emphasis on "self-identifying service," which is, of course, the exact opposite of the old idea of self abnegation. I think we could agree that our better nurses, those who are animated by real purpose and who are constantly striving to improve the quality of their service through study and observation, are beyond doubt professional workers.

What of those who do live in the moment, who concern themselves little or not at all with opportunities for advancement, who consider our professional organizations a nuisance and a bore? These are the nurses who call down upon the profession as a whole the charges of selfishness, commercialism, and of being more concerned with income and ease of living than with the quality of their service.

It might be well to remember that many of these could be helped out of the slough in which they are. Others, perhaps, will never be professional workers but that should not be a matter of too great discouragement since it is true of the other professions as well. It behooves us, however, since ours is a young profession, to see to it that we have a decreasing rather than an increasing proportion of such persons.

Another charge commonly made nowadays is that we are producing "super-nurses." I have never met a super-nurse of the type implied, for I interpret the term to mean a supercilious, cold blooded, highbrow sort of person who is altogether an egotist, one whose nursing is remote, reminding one of the story of Pat's advice to Mike to the effect that if he would go to the drug store and buy some rubber gloves he could wash his hands without wetting them. Those who talk of super-nurses

seem to think that such nurses expect to nurse without nursing! I am not afraid of the super-nurse. Most of us are all too well aware of our ignorance and are too busy trying to keep up with the demands upon us to be in danger of being "super"-anything!

Then there is the third charge—that against the type of young nurse whose real life is lived off duty and who is therefore concerned much with hours and compensation and little with the comfort and happiness of the patient.

There are two places to look for the answers to the questions raised by these charges: (1) In contemporary life; (2) In schools of nursing.

The life of our times does tend to be materialistic and people seem to have a tremendous urge for possessions. A nervous unrest and lack of real purpose is everywhere apparent. At the same time, I believe there is a tremendous yearning for truth, especially spiritual truth and for stable ideals. Anyone who will go from church to church can easily confirm that statement, for the churches that are packed Sunday after Sunday are those that seem to be making a real effort to bring together the ideals of the past and the science and the learning of today.

Self-Expression in Nursing

We are told that this is an age of self-expression and that nursing is repressive, but is there any conflict between self-expression and a life of service? Each one of us has within her a Dr. Jekyll and a Mr. Hyde. It seems to me that we all have a choice as to which of these selves we will express but always there will be some conflict—the conflict between egotism and altruism. Study the lives of some of the greatest altruists of all time and we find no lack of self-expression. There was no lack of self-expression in the life of Christ, even when He said, "Thy will, not mine, be done." Francis of Assisi had every opportunity for a life of self-expression as a man of wealth and leisure, but had he followed it, the world would have lost one of the most beautiful characters in all history. Was there any lack of self-expression in the life he chose? Read "The Little Flowers of St. Francis," if you doubt me.

Was there any lack of self-expression in the life of Florence Nightingale? Her family didn't think so when she refused to follow the path laid out for her. Who that has read Strachey's "Eminent Victorians" would hesitate to say that she had expressed herself?

There is no reason why the young woman of today need fear repression; suppose she does wear her hair and her clothes in a way we did not dream of in my youth! I well recall the comments on the pompadours and "merry widows" of my blossom-time! Assuming that our mature heads contain sound sense, there is hope for the bobbed head, too!

Nursing offers opportunities for self-expression of a high order; if you don't believe it, look about you and contemplate the achievements and the characters of some of your colleagues. They will fully justify you in making that statement to prospective students.

The life of today is showing many materialistic tendencies, but I firmly believe that the very unrest I have noted is a healthy sign and will eventuate in an adherence to those things that are of real worth.

I have said we should look in our schools for the answers to some of our problems. Nurses need character and brains as well as manual skill. Perhaps the most pronounced difference between the schools of ten, fifteen and twenty years ago is that character formation was not looked upon as a function of the earlier schools, because students entered with characters already formed and there was no tremendous demand for nurses that made it a matter of expediency to take a chance on doubtful ones.

We are not so concerned about a proper supply of brains although we tend to place a blind faith in our educational requirements.

Importance of Character Formation

The most important function of the school of nursing today is that of character formation and, although our students are young enough to be plastic when they come to us, we are not facing the problem very squarely, for while we deplore the lack of home training, we have not yet very generally supplied the needed substitute. If this is to be found, it would seem important that the directors of our schools *should know what really brought each student* to her door. With some it will be the necessity to earn a livelihood and little thought will have been given to any other aspect of nursing. *There is the potential time-serving graduate nurse!* She will need careful guidance. Some will enter only because of a desire to get away from a small-town environment. This type may make useful nurses if wisely guided or they may become a menace to the profession. Many will come from motives of genuine altruism and these are the most precious possession which we have. It is tragic that the idealism of some of them may be killed by the pressure of the day's work, by the sacrifices we make to hospital efficiency through the over-development of routine, by what has well been called a factory method of mass production.

Nor is the process of character formation wholly a matter of the time on duty. One of the standards for judging the educated person is by his use of leisure. These unformed young people must be taught, if they do not already know, the wise use of leisure, and that is no small problem in itself, but the success of many of our schools in this field offers much of hope, for increasing thought is being given to student self-government organizations and to the various means for promoting religious, social and cultural activities.

What is the effect of all this on the curriculum of our schools? The process of character formation goes on continuously on and off duty. It should not be lost sight of for a moment. The written curriculum must take cognizance of this, for we need more actual case study in every branch of nursing in order that students may know of the patient's condition, in addition to being given a knowledge of and the skill to nurse the condition before them. They must be taught the care of fellow human beings—not mere cases—or patients.

As you know, the Standard Curriculum is now being revised. Those sections which have particularly to do with the matter of character formation are receiving very thoughtful attention, particularly as it is difficult to get in the requisite number of hours. The History of Nursing can be made vivid,

vital, and stimulating by good teaching. Most nurses, I am sure, would concede that one of the strongest forces in their lives is the example of others. The history of the profession, as outlined and well taught, gives young nurses a respect for the profession they can get in no other way, and the lives of great nurses, particularly of those who are practising today and who, therefore, seem more real, can be made deeply stimulating.

Social Aspects of Nursing

The social aspect of nursing must receive more attention than in the past. I have already indicated that it should be included in case study, but most schools cannot do enough of this type of teaching to fill the whole need. It seems imperative that students be taught to look for the social causes of illness and that this be done by utilizing out-patient departments and by the inclusion of public health nursing in the undergraduate course to a vastly greater degree than has yet been possible.

The responsibility of those who revise the section on ethics is a heavy one. It is clear that the students will not accept formal presentation any more than they will listen to orthodox sermons. The most effective teaching of ethics of which I have knowledge seems to be that based on discussion of the problems arising in the daily life of students and graduates. Through search in the literature and elsewhere for solutions to specific problems, they will come to analyze problems, to develop judgment, to reach decisions and ultimately to act upon them, and in time will come to have a serviceable code and an inner standard of conduct.

In the last few years, it has several times fallen to my lot to give the lecture outlined in the Curriculum on our national nursing organizations. I am glad to do anything I can to help any school, the directors of them need all the support that can be given them in meeting their ever increasing and demanding problems, but when I face a class that is nearing graduation and is hearing from me, for the first time, and in *one* lecture, "all about our national nursing organizations," I know that they will have little enthusiasm for that vastly important phase of their professional life. When I go to a school which has sent student-representatives to state and national meetings and where the American Journal of Nursing is in constant use as a text, or for reference, the story is an entirely different one!

Schools have an unwritten curriculum which has a profound influence on this matter of character formation. I wish you might every one have heard Miss Eldredge's masterly discussion of it at the Buffalo meeting of the American Hospital Association. That curriculum has to do with that intangible thing called the atmosphere of an institution and it is pleasant to recall some of the institutions where students are daily learning courtesy, truthfulness, kindliness, generosity, and courage from the personnel of the staff and the administrative group, as well as from the faculty of the school. Miss Eldredge brought out the point that many of the nurses who are charged with being commercial are so because they learned it in hospitals where a distinction is made in the care of paying and free patients and where the recording of a dose or a dressing was important because it was

to be charged for. A student should have no concern with the question of who pays and who does not!

I have already spoken of the importance of recreation in relation to character formation for we can no longer confine our interest in the off-duty time to the things students may *not* do.

The Aim of Schools of Nursing

When all is said, what is our aim in schools of nursing? Is it not that of producing the socially efficient nurse? The nurse who practices her art happily because she derives satisfaction from her acquired skill, the nurse who sees beyond the patient in the bed to that individual as an important unit in his own group, the type of nurse who instead of telling you that she has spent six weeks on a rest-cure case, believes that she has spent six weeks in rehabilitating a family.

Are we producing that kind of nurses? Most assuredly we are! They practise their profession so skillfully that they are little talked about, but they have a way of moving steadily along their chosen paths. These nurses require no external yardstick of character measurement for they are in constant competition with themselves and are, therefore, constantly and wholesomely growing.

If you ask whether we are graduating as many of these desirable nurses as we need, I must answer, No, but perhaps it is well here to recall Browning's line:

"A man's reach should exceed his grasp,
Or what's a heaven for?"

To return then to the subject of this paper, "The Spirit of Nursing," I beg to affirm my belief, based on observation of nurses from coast to coast, that the true spirit of nursing is neither dead nor dying. It is the thing that is keeping you women of the League in schools in the face of many discouragements, it is the thing that is making American nursing known and emulated around the world, it is the thing that has brought us together for mutual helpfulness and because of our pride in our profession as represented by its organizations, it is the thing that will keep many of you going to the end because you well know that no other life offers the true nurse such lasting rewards.

With Children

"Sometimes one sees a Nurse going up and down a ward with a smile or a word for nearly every child she passes. They watch for it. But if a nurse goes up and down very busy—as she must be—simply full of what she is doing at the moment, without one glance for the children, they will reflect it, and be dull, too. It is impossible to make children look pleased if they do not feel pleased. It is a great reward for a Nurse, for the trouble she is taking, to see how pleased she can make her little patients look, and how eagerly they will watch for her return to the ward if she has been off duty. When children are fretful, and cry, a Nurse must try her best to go to them immediately. It is always painful to see a child crying *alone*. It may be that there is nothing a Nuse can actually do for it, but we may be sure that the child feels the sympathy of some one taking a little interest in its distress. A skillful Nurse often beguiles a child into forgetting its pain, or its little troubles; and, if only for a few minutes—in the case of a sick child—that few minutes of even partial forgetfulness will have *rested* the child and helped it on again. Small things are of transcendent importance to children, and their special Nurses must be unwearied in their efforts to enter into the little interests of which the child's 'world' is made however insignificant these trifles may appear to grown-up people!"

—From "General Nursing," by Eva C. E. Lückes.

AN IMPROVISED SOAP AND ALCOHOL DISPENSER

By Mary Price Smith, R.N.

IN THE SCRUB-UP room on the surgical floor of the Missouri Methodist Hospital is found an effective device for dispensing liquid green soap and alcohol.

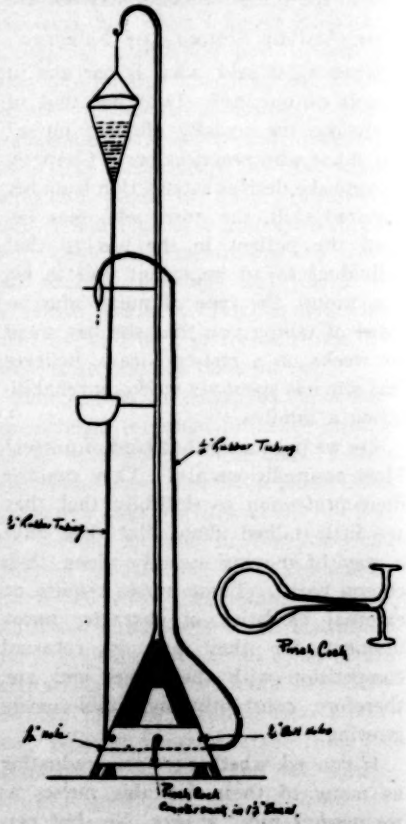
The first essential in the construction of this device is a steel irrigating standard with the usual glass percolator. Rubber tubing, twelve feet in length, is used. This is run from the container to the foot of the standard, a distance of about seven feet. Here is found a one and one-half inch wood block, fastened by two bolts to the base of the standard. A one-half inch hole is made through this board, which has a slotted groove in the center for holding a spring tube clamp.

The rubber tubing, which is carried through both the hole and the spring tube clamp, is brought up about four feet to a steel bracket, which is fastened to the standard and which has perforations large enough to hold an inverted irrigating tip. About twenty inches below this irrigating tip is placed a second bracket, which supports a steel ring for holding a pan to catch the dripping.

By pressing the spring tube clamp lightly with the foot the solution is forced into the hands in sufficient quantity for scrubbing purposes. In this manner all waste is eliminated.

The small amount of solution which falls into the pan may always be used elsewhere. Another very important feature is that every surgeon receives his quota of soap and alcohol uncontaminated.

The room is supplied with two of these specially equipped irrigators. The one holding liquid soap is placed between two large wash basins; the other for alcohol is near it.



We are finding these devices, the total cost of which is about $15 each, very practical, economical and safe.

Much credit is due Mary F. Deaver, superintendent of the hospital, who offered the idea, and the engineer, William Hoerath, who carried out the plan.

NEW ANSWERS TO OLD QUESTIONS [1]

By Augusta M. Condit, R.N.

"WHAT MEASURES, if any, can be taken to have all graduate nurses in the state registered, and all, members of the Ohio State Association of Graduate Nurses?" such is our subject for discussion.

The fact that the question of registration has been brought to us for consideration implies that there *are* graduate nurses in Ohio who are without registration in any state—we are well aware of the fact that there are graduate nurses practising the profession in this state who are registered in other states but who have not made application for an Ohio certificate.

It is regrettable that there are graduates from Ohio schools for nurses who are not eligible for registration in any state because of the fact that careful investigation was not made by them of the standards maintained by the school which they sought to enter as a pupil, or because they were the innocent victims of gross misrepresentation on the part of officials who must secure pupil nurses even though it must be done at the cost of untruthful statements. It is difficult to believe that there are graduate nurses who are without an "R.N." from choice.

When the nurse registration law was written, provision was made whereby nurses who had graduated prior to January 1, 1916, who presented a diploma which was found to be genuine and from a nurse training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the State Medical Board, were granted a certificate or diploma. Also all students matriculated in a training school for nurses located in the state of Ohio, recognized by the State Medical Board of Ohio, who should have graduated subsequently to May 1, 1915, and who should file their diploma for registration prior to June 1, 1918, should receive certificates.

If there are, today, nurses in the state, graduates from Ohio schools, who are not registered, whose is the responsibility and to whom may the failure in duty be attributed? Certainly not to those who sponsored our nurse registration law, for as we have previously noted, most liberal provision has been made in that law for registration of graduates from the institution with a small daily average number of patients, and for the graduate from the institution with a daily average of fifty or more patients.

The unregistered nurse of today, if she was ever eligible for registration, has been seriously remiss, for she has fared forth to war against disease with an essential part of her professional armor wanting—leaving a vital spot unprotected.

Registration is a privilege which every graduate nurse should covet most earnestly and which she should make every effort to obtain; it should be a matter of professional pride and loyalty with her, not alone to secure a certificate of registration in the state in which the school from which she graduated is located, but she should feel an equal

[1] Read at the annual meeting of the Ohio State Association of Graduate Nurses, Toledo, May 25, 1925.

obligation to secure registration in the state in which she is earning her livelihood.

"Failure" is written in large letters after the name of any school for nurses from which graduates go forth who are not well informed in all that pertains to state and national nursing organizations. What is essential to a nursing organization? The graduate registered nurse, individually and in groups. It is the definite responsibility of the principals and instructors in our training schools to see to it that the individual nurse goes out equipped with an "organization conscience," just as surely as she must be equipped with an "aseptic conscience," if she is to be a credit to the profession.

Such an opportunity for real service comes to instructors and educators in no other profession, and upon them depends the life of our nursing organizations.

You are all familiar with the query from the young graduate when she is approached on the subject of membership in the various nursing organizations: "Of what benefit will it be to me?" This is a proper question for her to ask, and I would like to answer it in the words of Mary M. Roberts, the editor of our Journal, viz: "I always think of my membership as a *bond*. The first coupon does not amount to so much, but when one counts up the total of all the coupons on a bond that matures in twenty years, the investment is impressive. It is the cumulative value of professional membership and the feeling of akinness that is worth while."

Since our nurse registration law became operative, 9,422 nurses have received Ohio certificates. The present membership in the State Association is 2,673. Where are the 6,749?

In 1923, 469 nurses were registered. Of these, 249 are members of the State Association today. Where are the 220?

With these facts and figures before us, let us repeat our query: What measures can be taken to have all graduate nurses in the state registered and members of the Ohio State Association of Graduate Nurses?

May I offer the following suggestions:

1. That the Alumnae, District and State Association, provide a special committee whose specific duty it be to persuade every graduate nurse in the state to obtain a certificate of registration if possible, and to take her rightful place in the nursing organizations of the state.

2. That no hospital or other institution employ in their health work, any but nurses who are willing to obtain a certificate of registration in the state in which the hospital or institution is located.

3. That Ohio State Association continue the use of the beautiful pin, which the nurses of Lima, Ohio, were the first to suggest, and which has proven to be a real drawing card in securing registration of nurses.

4. That the nurse, while in training, be given a solid foundation upon which to build, a thorough knowledge of the fundamental principles of organization.

5. That beginning with 1926 every certificate of registration in Ohio, received by a graduate from an Ohio nurse training school during the preceding or current year, carry with it one year's membership in the Ohio State Association of Graduate Nurses without the payment of dues. That provision be made for supplying, during the period of this complimentary membership, such information from our State Headquarters, as will if given careful thought and consideration, yield an intelligent and working comprehension of state and national nursing affairs, and a willingness on the part of the recipient to help "carry on." Could any other investment of our effort and money yield more satisfactory returns?

In closing, will you permit me to leave this thought with you? A diploma from the best nursing school in the United States, a certificate of registration in every state in the Union, membership in every nursing organization in existence, will not in themselves qualify us to assume even the title of "nurse" in the real meaning of that term. There is a deeper significance, which should be attached to the two letters "R.N." than the one usually ascribed. They should be made in our heart to represent an ideal toward which we may all strive, though perhaps never fully attain. The story from the Bible, in which the jurist asks the question, "And who is my *neighbor?*" will perhaps illustrate the thought best. You will remember the man who fell among thieves and was left by the wayside wounded. One who passed that way went by on the other side. Another went and looked at the wounded man and went on about his own affairs. But the third traveler stopped and rendered nursing service with his own hands, and used every means at his command to give help to the one in trouble.

To the question: "Which of these three men proved a neighbor to the man who fell among robbers?" came the reply, "The man who took pity on him," followed by the command, "Go thou and do the same."

May we not as nurses, think of the letters "R.N." as signifying "Real Neighbor," and make it true in our lives?

EVOLUTION

"To Our Mothers"

"A neighbor's child was sick—whose turn tonight?
The case was at the crisis; mother went.
She had an art in sickness—moved quietly,
Knew symptoms well, and herbs, roots, essences.
She learned them from her mother—she, from hers.

"Now the times change, the ancient lore gives way,
Or meets the keen, relentless test of science.
As blacksmith grew to engineer, and barber became surgeon,
The kindly neighbor now is nurse; and studied skill
Adds to the art of friendly ministration."
—Antioch Notes.

From Bulletin No. 16, Visiting Nurse Association, Chicago.

"SUN TREATMENT OF TUBERCULOSIS"

By JOHN J. LLOYD, M.D.

"TO FIND A PLACE under the Sun," has in recent years become a real quest in the treatment of certain individuals as well as of some nations. Sun and fire worship among aborigines and some of the cures advocated by them must have sprung from an instinctive grasping for what we know today as one of our most potent weapons of attack against infections of the body.

The Greeks had their Helioses and the old Romans their Solaria and whereas they were not used for treating invalids, still they probably did have considerable influence in keeping the well, fit. For centuries physicians have sent patients to the sea coast and various springs to bask in the sun, rest, and recuperate. We have recognized the fact that many infectious diseases flourish during cold weather, when people live in closed houses, and disappear when the warmer

days come and people get out of doors and ventilate their homes.

But it remained for Finsen, a physician who lived in the far north where there was almost a total lack of sunshine many months of the year, to develop a lamp and to treat tuberculosis of the skin by applying locally rays approximating the sun's rays—or as he termed it, the ultraviolet lamp.

In 1903, Dr. A. Rollier opened at Leysin, in the Swiss Alps, the first sanatorium for the systematic application of sun treatment, his object being to supply the diseased body a better environment in which to battle the infection.

The results obtained by Dr. Rollier have been so spectacular that from his sanatorium in the Alps has spread to all civilized countries the use of the sun cure or heliotherapy, as he has taught us to apply it.

In this country, Dr. Pryor was the pioneer and used it in treating tuberculous children at Perrysburg, N. Y.

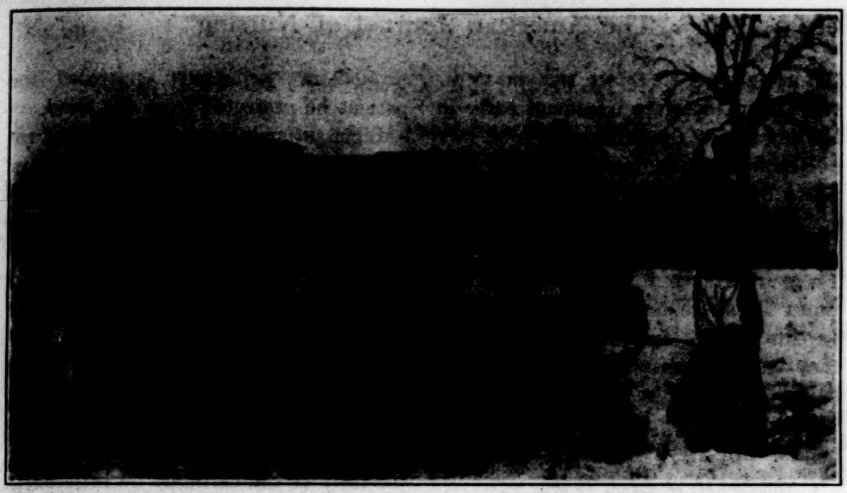
Now, however, this form of treatment has become countrywide and its use extended to diseases other than tuberculosis.

The ultraviolet ray is derived best direct from the sun and the blue sky, but even on cloudy days the light from the sun, filtered through clouds, is active in healing qualities.

Experiment has shown that more ultraviolet rays are derived from the blue vault of the sky than from the direct rays of the sun itself.

Next to the sun in importance, as a source of ultraviolet ray, is the Mercury Quartz Lamp. There are many types on the market, all more or less good, but they in no wise equal in efficacy the "sun bath." In treating a patient in the sun rays we also, as Dr. Rollier emphasizes, give the patient a continuous air bath as well.

The action of the sun bath upon the body is not fully understood as yet. Just how deeply the rays penetrate the skin we do not know, nor do we know the exact chemical or other changes



which take place in the blood and other structures of the body. However, we do know some of the results; viz., There is an increase in the lymphocytes, the bactericidal qualities of the blood are enhanced; metabolic changes occur so that nutrition is improved, and such diseases as Rickets are cured.

Locally we can observe a very definite congestion in superficial lesions and an increase in discharge from sinuses leading from deep lesions.

The skin takes on a chocolate tan, nutrition becomes much better, and flabby muscles renew their tone under the influence of the sun-air bath.

Enlarged glands gradually shrink in size and finally disappear, sinuses stop draining and close, diseased joints lose their pain and swelling and frequently regain part or all of their function.

The appetite and digestion improved, the septic patient gradually loses the signs of sepsis and, after months of carefully supervised Heliotherapy, a bad prognosis may be changed to a good one.

The psychic effect upon the patient is also a most marked one. Something very definite and more or less new is being done for him every day. This is carried out with a nurse in charge, done at a certain time daily, and the time of exposure gradually increased. There are certain precautions against accident which must be taken.

All this psychic action must be taken into account when we reckon up the final results.

The rules governing the administration of heliotherapy are few in number but important:

1. Always expose the body gradually, beginning with the feet, and day by day expose more of the body: the legs, thighs, abdomen and chest.

2. Always shield the eyes; and the head should be covered on hot days.

3. Never allow the patient to become burned; if red from yesterday's treatment, reduce the time by one-third, one-half, or cut out entirely, the object being to acquire a tanning of the skin, not a red burn.

4. Never expose for heliotherapy within an hour of meal time, until the patient has acquired a good tan and thereby a better tolerance to the sun's rays.

The early morning is the time when

the sun's rays are most rich in ultra-violet, and therefore treatment early in the day is most desirable.

Reactions from too much sun may prove disastrous and may be followed by nausea and vomiting, fever, headache, rapid pulse, and marked malaise. These reactions I have seen several times in too zealous patients, or when parents have exceeded instructions; they always result in considerable delay.

The indications for the application of heliotherapy are:

1. Tuberculosis of glands or skin.
2. Tuberculosis of joints including the spine.
3. Peritoneal, intestinal, or other abdominal tuberculosis.
4. Genital tuberculosis.
5. Tuberculosis of the throat or ear.
6. Certain afebrile cases of pulmonary tuberculosis.
7. Acne, furunculosis and many other skin infections.
8. Rickets and under-nutrition in children.

Should the treatment be interrupted for any reason it must be begun all over again or the time of exposure materially lessened, lest disaster result.

As indicated above, the exposure must be gradually increased until a good coat of tan is obtained. After the patient's body is well tanned, the time of exposure should be increased to from three to five hours daily.

This form of treatment is applicable to the sanatorium patient, the dispensary patient, or the wealthy private patient.

If begun in the summer, so that the coat of tan is heavy, it may be continued throughout the winter, provided the patient be protected from the wind.

Light through glass contains no ultra-violet ray, so whenever it is necessary or advisable to treat a patient indoors, resort must be had to the mercury quartz lamp. The use of these lamps is very beneficial and one finds the indications for heliotherapy from one source or the other very large indeed.

Results in a large per cent of cases are most satisfactory, in some disappointing, but if we persist, and are not over-zealous in pushing the time of exposure too fast, we can certainly do little harm and in many cases change the tide of progression and have the satisfaction of seeing patients improve.

At the Monroe County Tuberculosis Sanatorium, we have used heliotherapy with apparent success for the past five or six years. Some of our results at the sanatorium have been splendid and equally encouraging in private work. One must see to believe, but more important, one must believe to succeed in safely guiding the patient back on the road to health.

In treating tuberculosis, especially, one must always be mindful of the fact that no one remedy constitutes a cure, that the cure consists of rest, fresh air, sunshine, and food, not to the exclusion of the others, but rest being above the others in importance.

A patient often has the appearance of robust health many months, perhaps years, before health is really restored.

Heliotherapy has filled a much needed place in our fight against tuberculosis but it has not replaced, nor can it replace, food and rest.

EYE CONDITIONS IN IMPERIAL VALLEY

By Helen Palmgren, R.N.

TRACHOMA IS an infection which begins with the formation of granulations of the conjunctiva of the eyelids. These granulations or enlarged follicles appear sago-like or pale, elevated, red hypertrophied follicles, usually more numerous in the folds of the mucous membrane of the upper lid. The formation of these follicles or granulations may or may not be attended by an irritating discharge and photophobia. These granulations undergo degenerative changes with the formation of scar tissue. The deeper layers of the mucous membrane are involved and frequently the tarsal plates become thickened and produce deformities of the lids. A formation of a vascularized skin-like growth over the cornea (pannus) is very frequent, even early in the disease. The authorities agree that a positive diagnosis of trachoma can not be made until scar tissue, pannus, or corneal involvement takes place, unless the contacts can be definitely traced.

There is much eye irritation in the Imperial Valley, due largely to climatic conditions. The entire valley is below sea level, a very warm, dry country with little rainfall. The sun shines all the time, and the strong light reflected by the alkali dust, is irritating to the eyes. Epidemics of measles and conjunctivitis are frequent occurrences. Eight years ago, a resident physician first noticed an eye infection among the school children, and treated many cases. In February, 1924, a survey was made of the schools of six valley cities. Out of 6,400 school children, 6,019, were examined: only 3 cases were diagnosed as suspicious of trachoma; 79 as marked folliculosis; 249 with some follicular infection; 45 with very slight infection. None of the characteristic symptoms of trachoma were present in any of these cases. It was noticed that the children most affected were those of the primary grades, no infections being found among the high school students. Cases diagnosed as folliculosis were followed up, and no infection was found among the adult members of their families.

Clinics were established through the valley, and were conducted by the school nurses under the supervision of the local physicians. Cases treated at these clinics cleared up in a very short period. In the rural communities, where patients could not be treated daily, they were treated by a mechanical means; this was not advisable, but when done carefully left no scar tissue.

From the results of the survey of the school children, and the rapid recovery of those affected, the eye infections of the Imperial Valley cannot be diagnosed as true trachoma.

DOG BITES

All dog bites should receive immediate attention by a physician, and any person bitten by a dog suspected of having rabies should begin the Pasteur treatment at once. * * * Promptness is highly important, for if one waits until symptoms of rabies develop, it will be too late to receive any benefit from the treatment. The animal should be kept closely confined for ten days, before the expiration of which time, if he has the disease he will either die or develop unmistakable symptoms of it. Or if the animal is killed, the head should be sent to the Pasteur Institute. —From *Public Health*, Michigan Dept. of Health.

WHAT DOES THE PUBLIC EXPECT OF THE PRIVATE DUTY NURSE?

By Halsey DeWolfe, M.D.

WHAT DO you nurses, yourselves, say in answer to that question? I hear the universal reply: What does the public expect? everything. Partly true, but only that fraction of the public which is utterly unreasonable. The one great, broad demand the public makes of you is this, and it is a justifiable demand: that you come into its house to take proper professional care of its sick, first and foremost, and, hardly less important, to bring with you a sense of security and comfort, which, if you are the right kind, you alone can bring. The doctor, if he also is the right kind, can bring this too, but only temporarily, for that few moments he is *in* the house; while you are at the bedside, at the fireside, in the home life, for the twenty-four hours. Your calm and quiet become their rest; your confidence, their comfort; your resourcefulness, their support; your encouragement, their hope; your optimism, their cheerfulness. I often say, and I repeat it now to you most concerned, that seldom, in my experience, do I find neglected that first duty of the nurse, i. e. the proper care of the patient. It goes almost without saying, with you well educated, well trained nurses from the best schools, that your actual bedside care is as nearly perfect as possible. It is those more intangible attributes, of which I speak, that the public demands, more often than you may suppose, and the lack of which it craves. I used to say that these could be cultivated by exercising tact, common sense, and a true devotion to the life work you have chosen. I still hold that belief and wish to emphasize it. Doctors and nurses are not successful unless they are intensely interested in and love their work, are immensely human, and refuse to play the part of automatons.

To be more specific, the public demands that the nurse give fair return for her compensation, that she take a reasonable amount of time off for recreation (more in mild cases than in severe), that she try to coöperate with the household and not antagonize the servants, that she use linen economically, keep herself and her environment neat, and in general remember that, even if illness is present, family affairs must still continue to run, and that the household cannot be utterly swamped by patient and nurse.

It is hard, here, to avoid a few words of discussion on the so-called, twelve-hour day. Remember, I have set myself to try to place before you what the public asks. Those to whom I have talked, do not want the twelve-hour-duty nurse except, as has always been and always will be, in those cases so sick that two nurses are properly demanded. And now, let me offer an observation and a prognostication of my own. I have, so far, observed that one nurse or two nurses have always been employed, as the case demanded; and I prognosticate they always will be so employed.

I very much doubt if the so-called "acid test" of time and experience, will

show that any artificial pronouncement or rule, on this matter, can over-ride the practical facts of necessity and reasonableness.

These, briefly, to my mind, are the broad expectations the fair-minded public holds of the private duty nurse. If fulfilled, she leaves its house, immensely appreciated, her departure truly regretted and her recall earnestly sought in the next necessity. If not fulfilled, she leaves behind her only a sense of relief at her departure and no desire for her return.

The unfair-minded part of the public cannot be dismissed without a few words. This is the part which demands and expects "everything." Sad to say, also, it is a considerable part of this public. It asks for long, too long hours, work not to be expected of a nurse, patience beyond the bounds of patience, knowledge and opinions outside the nurse's province; in fact, perfection beyond the scope of us poor humans. I can only say, we doctors, your brothers in the work of caring for human ills, are fellow-sufferers. We bear it, as best we can, count it as part of the day's work, discount it, so to speak, as one of the professional calamities, try to forget it and look elsewhere to regain our faith in human nature.

There is a corollary to this subject we have discussed—a corollary we hear less often brought into the open, i. e. "What does the private duty nurse expect of the public?" What better opportunity to consider it than in this more or less confidential talk between friends?

A nurse, who had overheard the remark "Oh, must we have a trained nurse in the house?" once said to me, "I wonder if those people know how hard and disagreeable it is to be a nurse, to go out late of an evening or night, into a house full of strangers, and establish yourself in a room with some one you've never seen before?" I could only reply, "Probably not, yet you elected to be a nurse and they didn't elect to be patients."

So it is, you and I, having elected to enter into these personal professions of ours, while presumably knowing the frailties of the public of which we have been speaking, the problem of making good is largely up to us. You surely have your rights, and should demand them. Courteous treatment, decent hours, good food, honest and open coöperation in the effort to fulfill your part of the bargain are your rights and not your privileges. Over-exaggeration of you and your work, over-indulgence of your personal comforts, over-concern as to your happiness and welfare, you need not ask, nor expect. Again, when all your reasonable requirements cannot be fulfilled, because, in truth, the family environment may be so meagre as to make it impossible, though the desire and heart are there to do all possible for your welfare, then is the time to lessen your requirements and fight on, even, it may be, to the last ditch.

Here let me say a word for the private nurses of the earlier years, when conditions, in general, seemed not so prosperous as today; when the graduate private duty nurse was almost the *only* nurse; when the night call to Tockwotten and Richmond Street and to Constitution Hill were, by no means, unusual. *They too* expected of the public, as do you today, reasonable treatment, but

they adapted themselves (all honor to them), most bravely and extraordinarily to the circumstances as they arose. Nights in the chair by the kitchen stove, twenty-four hour duty (often for many a twenty-four hours), time off a theory rather than a practice, sleep a nightmare rather than a rest; but in the end, two great compensations: one, the sense of work well done, and two, a wonderful experience in adaptation, in having to do things without the best or even proper tools, to watch symptoms and learn self-reliance, when telephones and automobiles were less common, and so the doctor less near at hand.

Today, district and other charity nursing have eliminated much of this, and had it not, the private duty nurse would be as ready now as formerly to bear her share of the burden; but from this hasty reference to the past, let me ask you to take two thoughts: first, that the older graduate private duty nurse is not only a *trained*, but a highly *experienced* nurse, in all that word implies; and second, that in what "you expect of the public," you will always try, so to speak, to temper your demands to the circumstances.

In general, your close contact with the public in their homes, offers you an almost unrivalled opportunity for teaching the vital truths of preventive medicine and hygiene, as well as much that may be helpful, of the broad aspects of disease. This chance should not be neglected.

The two subjects I have touched upon lead so definitely and directly to another that I find myself, as it were, moving irresistibly, head on, not I hope to a collision or an abyss, but merely to a calm discussion of what you and I expect of each other. I approach it with some temerity, not being altogether certain of just what I and my colleagues really think and not having any means of knowing what your ideas may be upon the matter.

Let us consider it, then, somewhat from the theoretical or academic standpoint, discuss, so to speak, what we think we ought to think, and thus absolve ourselves of any personal responsibility.

We doctors want a nurse, then, or should want one, I ought to say, who is well educated before her hospital experience and especially well educated in her training. Understand, by this last statement, that I mean more than one who has been to a good training school, I mean one who has taken advantage of that good training school to educate herself and who is continuing to educate herself as the years pass. This, to say it in another way, means an alert, receptive, rententive mind, with an intense interest in her life work.

The nurse we want has not only this equipment of the knowledge of her subject, but she must have the ready ability to put it into practice. The man who graduated first in my medical class could never make a decent living. He *knew* everything, and was so impractical, he could *do* nothing. You must not only know *what*, but know *how*. The nurse we want must also have judgment, she must know *when!*

Perhaps I would do well to leave it there—that the doctor's choice of nurse should be the one who shall know *what*, *how* and *when;* no small achievement, I may say, for any of us in any sphere of life.

And what does such a combination of

virtues imply in the perfecting? Good character, good mind, good opportunity for instruction and experience and, finally, an ever present "will to win."

The last subject, "What does the nurse expect of the doctor?" suggests to me that I take a seat in the back row and listen to any one of a hundred, in this room, more competent to speak than I.

However, most theoretically and confidentially do I imagine that she asks him to be competent and honest in his treatment of the case. Do not suppose that I am ignorant of the vast trouble of mind which comes to you all, at times, in the ineffective conduct of my own profession. I gladly take this opportunity to express my appreciation of your loyal efforts in our behalf, when ignorance or carelessness, on our part, places you in a most difficult position. Again, you have the right to ask of us that we protect you, so far as possible, not perhaps from sins of omission or commission, but from unfair treatment, from misunderstanding and vexation which you cannot conquer nor control.

It is impossible for me to close this rambling address to you, the private duty nurses, without reference to two matters very close to us all, in our daily professional life—the attendant or experienced nurse, and the question of nurses' fees. The so-called attendant or experienced nurse is also the private duty nurse. Her function is to fill the place where your superior training is not demanded and your higher pay cannot be met. She, except in the occasional instance, is not a success. In this statement, I do not, for a moment, cast the blame upon her, but rather, if blame must be cast at all, upon you and me and the hospitals, upon us and our organizations, who have the intelligence, the training and the means to find some way to solve this problem. A great need in the community and all communities exists, for the well-trained practical nurse, the nurse with a legitimately given diploma, attesting her as competent to cover a certain limited field of nursing activity, whose pay shall be regulated and fixed in a certain ratio to your own, and who can be depended upon to fulfill her function as responsibly as yours is fulfilled by the graduate private duty nurse. This is a matter closely affecting your welfare. The present situation of the uncontrolled, for the most part, unqualified nurse, responsible to no one and charging at her own discretion is far from satisfactory.

I have no solution for this difficult problem, though I believe, sooner or later, such will be found; perhaps in a two-year course at our present hospitals, or in others which have not yet entered the nursing school field. I submit the matter to your organization, however, for your serious and thoughtful consideration.

The recent increase in the fee table of the private duty nurse here in Rhode Island, is a question vitally affecting the interest, both of the nurse herself and the general public. It is a simple enough problem in arithmetic, if even one of the factors involved could remain a constant. The fee per day, multiplied by the number of days' work, equals the profits, at the end of a given period, say a year.

The fee per day, having been raised, if only we could be sure the number

of days' work would remain the same, the product would of course be larger. But there's the rub; can anyone prove that this latter factor remains constant?

This is an economic problem, pure and simple, and should be studied from such a viewpoint, with the idea of determining whether or not it is really good business to raise the fee. It is hardly worth while to waste time on the ethical or sentimental sides of the question. It is granted that prices are even higher in other cities, that good nurses are worth whatever they can get, that living costs have increased, etc.

But will the public pay this higher fee, or choose the alternative and do without the nurse, except in case of extreme necessity?

No one's *impression*, in such a matter, is worth much, but I will add merely this, as a fact, that within six months, on three occasions, patients of mine have felt they could not afford the new prices, and have failed to employ the nurse I feel sure they would have had at the old rate. How can this question be scientifically studied? Perhaps in some such way as this:

Take two years, one before and one after the change of fees. Determine, from district nursing or other records, that broadly speaking the rate of illness was about the same in each year. Then, send a questionnaire to, say, 300 nurses asking how many days they worked in each year. Let the answers be unsigned, if preferred. The total incomes for the two years could thus be easily computed and compared.

If these totals can be arrived at, by this or some other method, the vital question is, at least, partially answered, as to whether or not the recent increase of fees is a paying investment. Surely, a commercial business would look keenly into this—why not you?

The problem is complicated, to be sure, by several less tangible factors than pure mathematics. A rise in the price of any commodity is at first a shock, and as time goes on, may be accepted better and better by the public. Conversely, should it ever be deemed wise to return again to the old schedule, the psychological effect upon the public would undoubtedly be favorable, and lead to an immediate increase of employment of the nurses.

I leave the problem with you, in every belief that it will be fairly, finally and satisfactorily solved.

Rumor has it that, with the perplexities besetting the path of the private duty nurse of the present day, discouragement has, at times, been her lot, and has led, now and then, to her seeking other lines of work. Such changes and transfers are, no doubt, often wise and advisable, but let not the cause be discouragement. The private duty nurse was, is, and shall be, long after any of us are vitally interested. The world is unstable today, reorganization and reconstruction are in the process; sickness has been at a low ratio since 1919 (a fact always noted for a few years after great epidemics); economics are still in a state of flux; the world has not yet found itself since the war.

My own profession is, at times, discouraged, what with osteopaths, chiropractors, Christian Scientists and the like, yet we do not despair. I promise you, this great profession of scientific medicine will pass away as soon as will your profession, equally great, of

nursing the sick in their homes; you, its best exponents may take heart, and unite to raise it to greater heights.

Our two professions should sympathetically join in the one enlightened purpose, so well described as "the homely and work-a-day duty of caring for the sick." May I add that my own experience of twenty-five years leads me to know, definitely, that you private duty nurses discharge this duty excellently well.

THE MOST NOBLE AND THE MOST NEGLECTED PROFESSION—NURSING

By Elizabeth Hayhurst

WHEN THE trustees were preparing to establish Reed College in Portland, Oregon, they made a survey to determine what type of institution was most needed in the Northwest. The report of the survey stated that the Commonwealth was contributing, and would continue always to contribute, to the support of vocational education. Therefore, it was decided that the greatest field of service for a privately endowed institution in the Northwest was a College of Liberal Arts.

Be that as it may, the most noble profession received not a cent from the state of Oregon in the preparatory study and training necessary to obtain a degree! The School of Social Work of the University of Oregon offers a postgraduate course in public health nursing, but this opportunity comes after the necessary qualifications have been obtained and the precious R.N. won.

Who will gainsay that she who comes into our household, or to the bedside of our loved ones at the hospital, to share our anxiety, is not a member of the most noble profession?

We want her to be thoroughly trained, skilled and experienced. Where did she have the opportunity? Did the state contribute to her professional training? Not so, she gained skill and experience through long hours of ceaseless toil and vigilance in nursing schools connected with hospitals. Even so, not all probationers can gain admission into the limited number of well-equipped "Class A" hospitals, leaving many to gain their necessary theory and practice under the strained conditions and sparse equipment of inferior hospitals.

The very flower of our young womanhood is demanded by the nursing schools. One catalogue reads: "We want young women of sound mind and body, of cheerful personality, generosity of character and steady firmness of purpose." These requirements are typical of those of all nursing schools. Is it fair that these splendid young women should have to bear the whole burden?

A young man or woman intending to become a lawyer has the opportunity at the state university; to enable young men and women to become teachers, the state expends hundreds of thousands of dollars for equipment and training; to train housewives, the state has been most generous in providing the way; commercial courses are given full consideration at our higher institutions of learning; to be a pharmacist is deemed of sufficient import for the state to assist,

yes, even in the caring for diseased animals, plants and trees, one can learn *how* with the state's assistance, and the embryomedicos are the most favored of all in receiving large appropriations for their training. But to become a nurse to care for sick humans, a young woman must attain the necessary qualifications through her own efforts, unaided by a penny's appropriation from the state.

How and where does the nurse receive the necessary training? In Oregon, at the present time, sixteen hospitals conduct schools of nursing where young women are given board, instruction and a small allowance for a period of three years, while doing the work incidental to the hospital and the care of patients.

Many parents discourage their daughters from entering the nursing profession because they fear the ordeal of the training period will result in broken health.

The entrance requirements are that applicants must be between eighteen and thirty years, generally, and must have a high school education or its equivalent. Most schools require that the applicant shall submit satisfactory evidence of freedom from organic disease. She must have a good moral character with especial capacity for accuracy and endurance. Don't these qualifications seem worthy of the expenditure of a part of the state's educational fund?

Not only have the Oregon nurses financed their own training, but they have had the standards constantly raised in order to ensure reciprocity with other states, and at the present time the entire expense of the State Examining Board of Nursing and the Nurses' Registry is met by the dues and fees of the Nurses' Association.

Many states have nursing schools affiliated with their universities and colleges, thereby affording opportunity to the young women in training to obtain a college degree in connection with their professional degree of R.N. after five years of combined service and study, freed from much of the drudgery of straight nursing schools.

It is hoped that the broad plans for a medical center by the University of Oregon's School of Medicine and affiliated hospitals of Marquam Hill will provide opportunity for the young women of Oregon to partake of higher educational advantages while preparing to enter the nursing profession.

Surely, the great commonwealth of Oregon will not continue to neglect the most noble profession, but will provide some means that will enable a young woman to become a nurse other than through her own contribution of service and sacrifice!

OPTIONAL DISEASES

Says the Connecticut weekly *Health Bulletin*, speaking for its own State: "From the records so far, it looks as if 1925 would be more of a 'typhoid year' than the past few years. The reason for the increased incidence is not apparent. A knowledge that the incidence is greater than heretofore should stimulate everyone to take extra measures of precaution. One means of prevention within the reach of everybody is immunization against typhoid fever. Typhoid may be classed with smallpox and diphtheria as an optional disease. No one need have any of these diseases as their presence in a community indicates neglect to take well known measures of prevention."

IN THE LAND OF EGYPT

By Minnie Goodnow, R.N.

THE VERY name of Egypt has magic in it. It brings into imagination centuries of history, ancient monuments, exotic peoples, marvelous civilizations long dead. We as tourists had felt its charm, come to love the green of the Nile valley and the coloring of the desert, wondered at its mingled population, were fascinated with its beauty and mystery. As we watched its kaleidoscopic changes, we began to wonder what we were going to carry back to the people at home. So we set out to find how nursing was done in Egypt, i. e. in Cairo.

We found the hospital of the American Mission, small and modern; a few nursing homes, i. e. private hospitals, also small and modern. These care for foreigners, chiefly Europeans, and do not touch the care of the native Egyptian.

We were told that there was practically no private duty nursing. As for hospitals, there is but one, for natives, in all Cairo, a city of 800,000 inhabitants. It is the Kasr-el-'Aini; to it we directed our steps.

It is a huge yellow building, built around a large court, set on the bank of the Nile, within sight of the spot where Moses is said to have been found in the bulrushes. It commands a delightful view up and down and across the river. In the same plot of ground is the College of Medicine, said to be excellent. The building is four hundred years old; it was used by Napoleon as a military hospital.

The Arab to whom we applied had some difficulty in understanding what we wanted, but finally conducted us to the office of the matron, i. e. superintendent of nurses. We found her a dignified Englishwoman, whose rather stern and uncompromising air covered the kindest heart in the world. She greeted us cordially, but when we asked to see the hospital told us that it was in bad condition, that things were gradually getting worse since the loss of English control in Egypt, that the Egyptian doctors agreed that nothing could be done about it, and that the whole situation was hopeless. We asked who was superintendent of the hospital, and were told that there was none; an Englishman had been in charge, but for over a year the position had been vacant, no one thought he could handle it and no one would attempt it.

After this very gloomy prelude, we were taken over the whole institution and shown a hospital clean, well-ordered, well-staffed, perfectly disciplined, and most marvelous of all, with a spirit of kindliness and personal interest in the patient. The equipment was up-to-date, though not spectacular, the medical treatment thoroughly modern, the surgery excellent. Few of our city hospitals at home could present better conditions than appeared here.

There were large wards, small wards, and a few quiet rooms. Operating rooms, labor and delivery rooms, X-ray, etc., were not fundamentally different from those in England and America. The building has been often remodelled during its four centuries, but with a good deal of success; there are high ceilings, tile or terrazo floors, painted walls, little woodwork, everything easily

cleanable, and withal very clean. There are some porches and the great court in the center is used for outdoor treatment. Nothing is beautiful, but everything is bright and cheerful.

The hospital accommodates seven hundred patients and is too small. The matron said there should be one thousand beds, and fourteen hundred would not be too many. As it was, about sixty patients slept on the floor and a few children were placed two in a bed. Since we had often seen men lying asleep on stone sidewalks or on the ground, apparently comfortable, we realized that for a convalescent patient a bed on the floor was no great hardship. It is, of course, difficult to care for a sick patient on the floor.

Patients pay from five to twenty-five cents a day, if they are able; if not, the city takes care of them.

The hospital has every department, including contagious. Smallpox and typhus are cared for elsewhere, but everything else comes here. There were about sixty cases of dog bite, men, women and children, all receiving the Pasteur treatment. They remain in the hospital for three weeks, then return to the out-patient department. One child, brought too late, was dying of hydrophobia; but most of these patients looked quite well. A group of them were asked to meet us. They were clad in white gowns with scarlet capes and caps for outdoor treatment. As we entered, they all stood at salute and did not drop their hands until told. One little girl was called up to convey to us a special greeting; she spoke sweetly in Arabic, kissed her own fingers and deposited the kisses on our hands. It was a very lovely little ceremony.

The out-patient department was quite large and very much like those at home. The maternity had pretty draped bassinettes for the babies. We were shown, in the surgical department, a case remarkable in the annals of obstetrics, a *double* ectopic pregnancy, gone to *ten* months, with both babies fully developed, dead. The patient had been operated upon the day before, she was propped in the Fowler position, had a good pulse, and seemed to be in good general condition. We saw a recent splenectomy in excellent condition, and we were told that the operation is not uncommon there.

There were many eye cases, for the East abounds in eye infections. Blindness is all too common, and for days our hearts had been wrung by the many blind beggars who besought us for alms. The blind children were inexpressibly pathetic.

One portion of the great building is an orphanage for foundlings, with sixty wet nurses living there. The babies looked particularly well cared for. There were children up to four and five years of age, none older; when we inquired why, we were told that most of them had been adopted while they were still small. One tiny brown baby attached himself to us and toddled along all over the department.

We happened to see supper served. The meal for all but the sickest patients consisted of a large soft pancake of native bread and a piece of goat's-milk cheese, the sort of food these patients were accustomed to at home. Special diets were served to those who needed them, but their content was hard for us to identify.

Since Cairo is in the Orient, the

nursing of men is done by men, never by women. It could not be otherwise. The male nursing orderlies are in charge of a head orderly, a man who has been there for ten years and who is excellent. He works under Miss Lassel, the matron, and salutes her as she enters. The orderlies have no formal training, only such practical teaching as must needs be given them. There are doubtless many difficulties not apparent, but from appearances the patients were well cared for, and the spirit of kindly personal interest was very marked.

The women nurses are given training. Miss Lassel has been there for twenty years, but she does not call her school a modern training school, since, under present conditions, educational and social, such a thing would be practically impossible. All Egyptian girls marry and marry young; public schools are almost non-existent and illiteracy is the rule. The young women who come for training are girls of sixteen who have had about fifth grade education, they are the daughters of mechanics and shop-keepers. Practically all of them become midwives, as there is no demand for private duty nurses. They are well paid during their training, and Matron assured us that it would be impossible to get anyone to take training without the financial inducement. They seemed pleasant, wholesome and interested. The situation appears much like that in our insane asylums of two generations ago.

The course of training for nurses is three years; for midwives four years. The first year is considered probation. There are about nine hours of class work each week, in English, Arabic, Arithmetic, Practical Nursing and Chemistry or Physics. The second year they have about six hours of class work per week, with Anatomy and Physiology added and the other subjects continued. In the third year Arabic, English and Arithmetic still go on, with classes in Pelvic Anatomy, Embryology, Pharmacy and Sanitation. The fourth year Gynecology is studied, Midwifery and "Forensic Medicine."

The yearly examinations and the final examinations are given by a board of examiners appointed by the Minister of Education. There seems to be a solid foundation for future development along approved lines.

The wards are in charge of graduate native nurses, who seemed to take great pride in their work. There are eleven English "sisters," graduates, as floor supervisors, a fact which is doubtless responsible for the excellent conditions existing.

The nurses' home is part of an upper floor, by itself, and has its own roof garden with a fine view out over the Nile. The nurses' bedrooms are four large wards with plain iron beds, set about eighteen inches apart, a small bedside table for each, and along the other side of the room a row of lockers, each about a foot square. That is all; but they seemed to regard it with pride. There are baths and lavatories, clean and bare. The sitting room has a table and some straight chairs. The charge nurses have double rooms, very plain and small.

Miss Lassel told us that she did not permit her nurses to go on the street with unveiled faces. In Egypt, the Moslem and Coptic women are veiled, and to go with bare face stamps one as ultra modern or low-grade. The veil

may be anything from a thick black covering over the whole face, or a crocheted cover for the mouth and nose, to a thin white georgette which conceals nothing; we noticed that the nurses wore the thin white veils; but even that is a protection against unpleasant experiences, because it puts them into a class which the country understands.

At the hospital entrance we had observed a group of women and girls standing about; late in the afternoon they were still there. We were told that they were professional mourners waiting for a job!

In a country of illiteracy, of thievery, of untruth, where murder may easily be hired for a few dollars, where womanhood is not respected, where ancient customs still hold sway and modern methods make their way but slowly, this hospital and its training school stand out as veritable light-houses in the darkness. They mean real care for the sick poor of Cairo, and real training for self-support to women coming out from the shades of entrenched Moslemism. They are the result of long years of labor by British men and women who had the vision to see what the country needed, the patience and persistence to work it out.

Everywhere in Egypt the better class of people bewail the loss of English control. They say frankly that they are not ready for self-government, that they cannot manage each other, that they do not trust each other. The thinking people fear for the country's future. Let us hope that in hospital work, at least, the English sisters may long continue their work.

FACTORS CONDITIONING SUCCESS IN NURSING

By Florence E. Blazier

EVERY PROFESSION needs a measuring rod to use when admitting prospective candidates. In no field is this more true than in nursing. In a study made of a large city hospital, it was found that out of 867 probationers entering, during a period of ten years, 407 or 4.7 per cent withdrew without completing their training. These withdrawals reveal a great source of expense to the hospital, they also indicate a great waste of time and effort on the part of many students.

It was decided that if one knew the reasons why nurses leave before the completion of their training, one would have some index of the qualities needed for a successful nurse. Studies were carried on in five representative hospitals. They include a university, a municipal, two denominational, and one privately owned hospital. These hospitals ranged in size from fifty to twenty-seven hundred beds. The reasons given for withdrawals were entered by the superintendent or by one of her assistants. These reasons were analyzed and grouped into five divisions:

1. Temperamental. Includes reasons indicated by such phrases as: "Homesick," "Didn't like the patients," "Didn't like the work," "Didn't seem fitted."

2. Physical. Includes those who found that they were not strong enough and those who were taken ill during training and for that reason left the school.

3. Intellectual. Includes those who failed to do well enough in their theoretical work to maintain their place.

4. Social and Economic. Includes those

who married, who did not have enough money to continue, who were needed to help support dependents or to care for them when they were ill, or who accepted positions elsewhere.

5. Miscellaneous. A small number who could not be classified under any one of the above headings, the larger percentage of whom left without giving any reason.

The table accompanying gives the returns from this study:

TABLE I. STUDENT NURSES' REASONS FOR WITHDRAWING

REASONS	Voluntary		Involuntary		Total Number	
	Number	Per cent	Number	Per cent	Number	Per cent
Hospital No. I.						
Temperamental	18	23.55	9	11.77	27	35.32
Physical	4	5.25	1	1.31	5	6.57
Intellectual	8	10.52	11	14.47	19	24.99
Social and Economic	12	15.78	---	---	12	15.78
Miscellaneous	13	17.1	---	---	13	17.1
Total	55	74.04	21	25.92	76	99.76
Hospital No. II.						
Temperamental	17	17.06	13	13.13	30	30.19
Physical	28	28.28	4	4.04	32	32.32
Intellectual	2	2.02	---	---	2	2.02
Social and Economic	14	14.14	1	1	15	15.14
Miscellaneous	17	17.17	3	3.03	20	20.20
Total	78	78.67	21	21.2	99	99.87
Hospital No. III.						
Temperamental	2	5.85	6	17.64	8	23.49
Physical	6	17.64	2	5.85	8	23.49
Intellectual	---	---	1	2.94	1	2.94
Social and Economic	13	38.23	---	---	13	38.23
Miscellaneous	4	11.7	---	---	4	11.7
Total	25	73.42	9	26.43	34	99.85
Hospital No. IV.						
Temperamental	10	25.64	3	7.69	13	33.33
Physical	---	---	7	17.95	7	17.95
Intellectual	---	---	4	10.25	4	10.25
Social and Economic	7	17.95	---	---	7	17.95
Miscellaneous	8	20.51	---	---	8	20.51
Total	25	64.1	14	35.89	39	99.99
Hospital No. V.						
Temperamental	16	12.12	32	24.24	48	36.36
Physical	6	4.54	33	25	39	29.54
Intellectual	---	---	3	2.27	3	2.27
Social and Economic	10	7.57	---	---	10	7.57
Miscellaneous	29	21.99	3	2.27	32	24.26
Total	61	46.22	71	53.78	132	100

Table I should be read as follows: In Hospital I, 18 student nurses or 23.55 per cent left voluntarily, whereas 9 or 11.77 per cent left involuntarily, making a total of 35.32 per cent withdrawals.

In considering these reasons it must be kept in mind that these data come from the hospital records only, and usually but one reason is given there. If all the facts were known, probably two or three reasons for each withdrawal would represent more nearly the true situation.

Temperamental Reasons: The group that leaves for temperamental reasons is large in each hospital, representing practically one-third of the total withdrawals. Temperamental reasons are closely linked with all of the other reasons. For example, the reason given may be "didn't like the patients." The real reason may be that the girl was so physically exhausted that she was irritable and consequently failed to get on well with the patients.

Physical Reasons: There is a wide variation in the percentages of those who left the different hospitals because their health was not equal to the strain of the course. In Hospital No. I, only 7 per cent left for this reason, whereas from Hospital No. II, 32 per cent, or almost one-third of their entire number, left for this same reason. The superintendent of Hospital No. I suggests that two causes of their excellent health conditions are: (1) a rigid medical examination upon entrance, thus excluding the unfit; (2) opportunity for any student to be excused from her duties when she is not in good physical condition.

Intellectual Reasons. The third group withdrawing for intellectual reasons offers suggestive material. In three hospitals, only 2 per cent of the students who leave do so because the theoretical work is too difficult.

Hospital No. I represents an entirely different situation. Here 25 per cent, or one-fourth of all who leave do so because of failure in studies. Evidently there is a wide difference between hospitals as to (1) classroom requirements, and (2) as to the relative importance attached to theory and compared to practice.

In considering both physical and intellectual reasons, the question of entrance requirements is a pertinent one. To quote from the survey, "The withdrawal of probationers is unquestionably due in large part to the present low standards of entrance requirements which admit to many schools, candidates obviously incapable of training." This whole matter is somewhat intimately related to the problem which faces the directors of many training schools, namely, the maintenance of a sufficiently large group of student nurses to give practically all of the nursing service needed.

Economic and Social Reasons. In the case of those in the fourth group who leave because of economic or social reasons, one reason is given frequently which must be accepted without question by the superintendent, namely, illness in the family. The real reason may be one of many. The prospect of long separation from home often influences a student to give up her chosen profession. A second reason is marriage. From Hospital No. III, 35 per cent of its students left for economic and social reasons and of this group, half left to be married.

Miscellaneous Reasons: Of those leaving for miscellaneous reasons, the larger number left without stating a reason or went home for a brief rest and failed to come back.

In answer to the question, "What do you think are the necessary physical requirements for a successful nurse?" many answers were received. These are tabulated in Table III.

TABLE II. PERSONSAL QUALITIES NECESSARY FOR SUCCESS IN NURSING

Rank	Quality	First	Second	Third	Fourth	Fifth	Number of times mentioned
1	Tact	36	28	16	12	6	98
2	Optimistic, Cheerful, Good Disposition	15	23	20	13	5	76
3	Personality	33	21	11	2	3	70
4	Unselfishness, Consideration, Love of People	6	17	11	10	1	45
5	Neatness	5	13	9	7	5	39
6	Patience	7	11	7	6	6	37
7	Education, Training	15	5	6	4	3	33
8	Sympathy	2	7	8	7	6	30
9	Judgment and Common Sense	7	8	7	1	7	30
10	Adaptability	2	6	5	9	3	25

From the questionnaire a summary was made of the personal qualities which experienced trained nurses thought were necessary for successful nursing. These are summarized in Table II.

The significant fact the reader gets from studying the table of desirable personal qualities is the ranking given to "education and training." In all, "education and training" was mentioned 33 times, just one-third as frequently as tact, whereas in the minds of many people it would be rated first.

While it is true that possession of all these qualities in varying degree is necessary for success in many occupations other than nursing, it is no less true that in the judgment of these nurses they are essential for success in nursing, and their relative importance in nursing service is as indicated in Table II.

TABLE III. PHYSICAL QUALITIES NECESSARY FOR SUCCESS IN NURSING

Qualities	*Number of times mentioned*
1. Good health	166
2. Endurance	51
3. Good feet	39
4. Sight	32
5. Hearing	30
6. No serious defects or chronic ailments	21
7. Sound teeth	18
8. Well developed body	15
9. Good nerves	14
10. Good heart	10

SUMMARY OF FACTORS CONDITIONING SUCCESS

From this section the following conclusions may be drawn as to the conditions and qualities which will make for the success of the student nurse.

A. The present turnover of probationers is too large and involves unnecessary

waste of funds and of human effort and time. Every effort should be made to select more suitable candidates and then having selected them, to hold them.

(1) A more rigorous physical examination at time of admission is needed.

(2) Intelligence tests should be devised to determine approximately, at least, whether or not it is probable that the student will be able to master the theoretical work.

B. As to the possible reduction of those who leave for temperamental reasons, the survey on nursing suggests that the probationary term should be made richer in content, and that much of the routine that is of little or no educational value be eliminated. The survey further suggests that improvement in living conditions would make for greater contentment on the part of the student.

The opinions of the nurses and experts concerning mental and physical requirements should receive the serious consideration of the prospective student nurse and her counselor.

Note.—This is one part of an "Investigation Made of Nursing as a Professional Opportunity for Girls," published by the Bureau of Coöperative Research, Indiana University.

The study would have been impossible but for the assistance given by Annabelle Peterson, State Supervising Nurse for Red Cross Public Health Nursing in Indiana, and Ina Gaskill, Director of Public Health Nursing, State Department of Health.

Three sources of material have been used. First, visits were made to six representative hospitals, and conferences were held with leaders in the nursing profession. In the hospitals the records were placed at our disposal. Second, information was obtained from the answers to 250 questionnaires sent to the members of the Indiana State Nurses' Association and to two Chicago hospitals. Third, available literature on the subject was used. This included books, circulars from training schools for nurses, bulletins and reprints from the magazines of the profession, and especially the book, "Nursing and Nursing Education in the United States."

THE UNIT SYSTEM[1]

By Edith B. Wilson, R.N.

THE UNIT system, while new in the West, and comparatively new in the East, has operated successfully long enough to justify its use anywhere.

In the unit system we work on the theory that communicable diseases are transmitted by contact and are not air borne.

With this system are introduced a few terms whose meanings are new in nursing work, i.e.: "A unit," or we say a patient is "Barriered"—or he is in "Unit No. One." Just what is a unit, or just what do we mean by saying "a patient can be placed in a ward with other patients, but in a unit by himself?" or that we will "barrier" one patient in a room with another?

A unit is an area represented by a certain definite disease. It may include only one patient and his contacts, such as: bed, bedside table, chair, and any other contacts that are more indirect, such as the shelf used for treatment equipment, the hook and wall where the gown hangs, the wall near the bed, bell cord, curtain cord, etc., or a unit may include a group of patients or an entire

[1] Read at an institute for student nurses conducted by the California State League, Southern Branch, early in May; read also before the National League of Nursing Education, Minneapolis, Minn., May 27. This paper has been printed in the August issue of the *Pacific Coast Journal of Nursing*.

ward, provided they have the same disease.

If a patient is to be put in a room with another patient who has some other communicable disease, it is necessary to barrier one from the other. They are barriered in this way: The patients are placed at least six feet from each other with only air between. No walls, partitions, screens, curtains, nor any other mechanical device is necessary. In fact, anything of that sort would only complicate matters by making more contacts not only possible, but probable, and contacts need watching. A patient who is to be barriered from another has a 4 by 6 inch bright red card with the word "Barriered" written in large black type, which hangs in a conspicuous place on the bed. In the upper right corner of the card is a black figure on a white background. The red card attracts the attention of the nurse or doctor or the other patients and calls attention to the fact that the patient is a source of danger. The number on the corner of the card identifies him as a unit. All patients with barriered cards bearing the same number are treated as one unit. That is, it is not necessary to change gowns and scrub hands when going from one patient to the other. And the patients in the same unit are allowed to exchange books or toys and mingle freely without endangering anyone. The shelf that is used for the treatment equipment and the hook for the gown bear the same numbers as the barriered card.

If one bears in mind that communicable diseases are transmitted by contact, either direct or indirect, he will find it no harder to understand why a scarlet fever patient and one with diphtheria can be cared for in the same room without endangering either, than to understand how two surgical cases could be operated upon in the same room at the same time, with good results. We feel that a patient barriered in a ward with nine or ten different kinds of communicable diseases is just as far removed from the possibility of unclean contact, as an open abdomen would be in an operating room.

Now will come the questions: "How do you know that all the nurses will understand the technic well enough to insure the safety of the patients and themselves?" "How do you know that every nurse will be sufficiently conscientious to carry out the medical aseptic technic which is just as rigid as operating room technic?" "Or how do you know that the patients will not contaminate themselves or each other?" To all of these questions I am glad to be able to say, "It can be done."

No nurse is ever assigned to duty until she has read and understands a pamphlet on the technic, and has demonstrated that she can put on and take off a gown correctly. Every nurse, before going on duty, is taken to a ward and is shown how to distinguish one unit from another, and which are the clean and which are the contaminated areas. After all these precautions have been taken, she is assigned to duty with a nurse who has mastered the details of the technic.

As for the nurses who are inclined to be a little careless,—we simply do not have them. Good work and enthusiasm seem to be just as highly communicable as the diseases with which they work.

We are often asked, "How can you

trust the nurses to carry out so rigid a technic when they are not under direct supervision at all times?" But when one stops to think about it, is it any more to expect of a nurse than to expect her to measure a dose of medicine correctly? Or to carry out a treatment order? I believe it is not. And my experience with nurses from hospitals from all corners of the U. S. A. has only served to strengthen my belief. However, if a careless nurse does fall into our hands, and we are unable to inspire her to better work and higher ideals, we simply let her go.

Unless one is accustomed to working with children, it will be hard to believe how easily one can secure the coöperation of the patients, about 85 per cent of whom are children. Each child is a self-appointed guardian of the medical aseptic technic, and nothing can be keener than the observation of a child. If a doctor's coat should so much as brush the bedside table of a patient, there will be as many voices as there are patients, crying out: "Oh, doctor, you're contaminated, your coat tail touched." All the patients are taught how to distinguish one unit from another. Little fellows two and three years old know what, and who, are "clean" to them, and who is in their unit. One not in their unit, is as safe in a ward full of children as though each patient had a room to himself.

All our floors are considered contaminated, and the children are taught that anything that drops to the floor is not to be picked up by anyone but the nurse. If the most precious toys touch the floor, on the floor they stay until the nurse picks them up and takes them out. The owner of the contaminated toy may cry, probably he will, but he will make no effort to pick it up. We are not afraid of the children breaking technic.

So many times we are asked, "How do the nurses keep from contracting the diseases with which they work?" There are certain precautions that a nurse is asked to observe, among the most important being to give the hands proper care; not only to see that they are properly scrubbed after becoming contaminated but to be sure they are properly dried after washing and that some good hand lotion is applied often. The hands should be kept free from chap, scratches, and abrasions of any sort. Not only is a broken skin hard to keep clean, but as we all know, many communicable diseases are contracted through skin lesions. Nurses are asked to report elevation of temperature, headache, sore throat and rashes of any sort. We do not think much of a nurse who will say, "I worked all day yesterday with a temperature of 100 degrees," or "My head ached so badly yesterday I could hardly do my work, but the ward was busy so I hated to report it." We do not like to appear ungrateful to such a nurse, but we try to make every one feel that we cannot permit the possibility of one nurse communicating any disease to the patients with whom she works nor to the nurses with whom she associates. Nurses are instructed to arrange the hair close to the head and fasten it so securely that there will be no need to fear that one might unconsciously brush it from the eyes with a contaminated hand or sleeve.

With a technic so simple, so reasonable, so easily understood, and so effective, one wonders why it is necessary

to have separate buildings, or even separate wards for communicable diseases. If every nurse were taught how to barrier a patient and how to keep him barriered, just as every nurse is taught how to handle sterile instruments and dressings, it seems that communicable diseases would be safe in any ward in any hospital.

If we can take a scarlet fever patient from the surgical ward and put her in a room with diphtheria, erysipelas, or bubonic plague and endanger no one, why could not the patient be left in the surgical ward, and barriered there? If an obstetrical case can be delivered in a room with half a dozen communicable diseases without danger to her, why should one who develops erysipelas on the obstetrical floor be hurried out of the ward? Why could not she be cared for in the ward with the other mothers, in a unit by herself, of course?

Why could not private hospitals keep their communicable diseases, if they can be barriered securely in a general, city, or country hospital. Why could they not be barriered in any other hospital? Now will come the question of health authorities. Health authorities, as well as anyone else, can be educated. After all, all they require is that the public be protected. When the communicable disease building of the L. A. G. H. opened under the "new" technic, we were frankly told that we were a menace to the community, and should not be allowed to try such a "fool" plan. It was only after several conferences that the health authorities agreed to let us alone until we hanged ourselves. They told us frankly they didn't think it could be done, that we would be watched most carefully. I'll quote in part a letter written by Dr. A. G. Peterson, Chief Quarantine officer, City Health Department of Los Angeles, concerning the so-called "new" technic, after more than one year of operation:

> As you will remember at the inauguration of your plan and technic, we, the Health Department, were rather dubious as to whether or not you would be able to carry on your work with satisfactory results. After nearly two years, we find that the number of cross infections in your department has been almost nothing. It is certainly a record to be proud of, and we feel that your work and the splendid work of those in your department has been highly commendable in the prevention of the spread of contagious disease.
>
> At no time did we feel but that the technic as outlined by yourself was a wonderful plan, but we did doubt the ability of any person to carry it out to the letter, * * *

If the health officer can be convinced that medical aseptic technic is a safe method of handling communicable disease, is it unreasonable to suppose that they could be made to see that it is just as safe in one hospital as another, *if* every nurse were required to learn it?

If the time ever comes when health authorities will allow communicable diseases to be barriered wherever they happen to be found, and the community will feel that separate buildings are unnecessary for their care, and all training schools will require training in communicable diseases, it will be no greater change than has taken place in the last ten years in communicable disease nursing.

One does not have to go far today to find a nurse who was under the most rigid quarantine the entire time she was caring for quarantinable cases; for months at a time nurses were not allowed out of the buildings in which they worked. A little later the health

authorities relaxed this very rigid rule and felt that they were taking quite a risk when a nurse was permitted out after she bathed and shampooed in 1:1000 bichloride solution and wore a complete change of clothing. Until the last few years, nurses caring for communicable diseases covered their hair completely, either with gauze or a surgeon's cap and at times were obliged to wear respirators. Today nurses wear ordinary uniform, the cap of their training school, and are not quarantined in any way. They are just as free to come and go as nurses from any other department.

Our nurses take care of many different kinds of disease in the course of a day's work, and we feel perfectly safe in taking a nurse off duty in the communicable disease building and sending her without the precaution of changing her uniform to some other ward in the hospital. We have never had any reason to feel that we are endangering anybody's health by so doing.

From our records, covering a period of five months, we have cared for 731 patients, all with communicable diseases, with as many as ten different kinds of disease in the same room, with only technic to barrier them one from the other. During that period there was not one cross-infection, and we cared for measles, mumps, chicken pox, scarlet fever, diphtheria, whooping cough, typhoid fever, typhus fever, smallpox, leprosy, epidemic meningitis, german measles, venereal disease in the communicable stage, poliomyelitis, rabies, trachoma, plague both pneumonic and bubonic.

When we were caring for the plague, the attending physicians felt that the medical aseptic technic passed the acid test. When the government and state health officers refused to enter the building until we had perfected a mask that they felt would give them sufficient protection, the nurses and doctors employed in the building went serenely about their work. The first pneumonic plague cases were in the ward three days before they were diagnosed, and the medical aseptic technic was used without any variation until the final diagnosis was made. No patient, nurse or doctor contracted the disease while they were caring for it in this building.

We hope the time will come when every graduate nurse will know as well how to barrier a patient with communicable disease in a ward with other patients as she knows how to do a dressing, give a hypo, or perform any other nursing procedure.

When nurses are asked, "What are the greatest benefits you have derived from communicable disease nursing?" nine out of ten will say, "It has overcome my fear of caring for them." Isn't it true, not only in nursing but throughout our lives, we fear the things we do not understand, and the things we cannot control? Dynamite in the hands of the inexperienced is a source of danger, not only to the one handling it but to the surrounding community. But to one accustomed to its use, and to one who knows its danger, it ceases to be a danger. And so it is with disease, we do not like the foolhardy nurse who says, "I'm not afraid, why, I'm not afraid of any diseases." We much prefer the nurse who realizes the danger and prepares herself to prevent disease transmission.

In this day of preventive work, the

prevention of the spread of communicable diseases seems most important. Why should not communicable diseases be considered under the head of preventable diseases? If their transmission can be prevented in a hospital, it can be prevented in homes and schools, *if* prevention of disease transmission were taught to the public.

For the school nurse, and the public health nurse, is there any one thing of more value than a thorough training in communicable diseases?

A nurse should not only know how to care for and how to prevent the spread of communicable diseases, but above all, she should be able to recognize them in the early stages.

Communicable disease nursing has for so long been as a thing apart from a nurse's training. So many nurses, with an excellent training in other work, have never had so much as one day's work with a communicable disease.

With the unit system, at work in every hospital, how easy it would be for everybody, patient, doctors, nurses, friends, and relatives, to keep the patient wherever he may be, "barrier him," keep him in a unit by himself, even though that unit should be in the middle of a surgical ward.

DISCUSSION OF THE UNIT SYSTEM[1]

By Sarah C. Barry, R.N.

IN GROUPING patients in units in a large room, two things must be borne in mind; the age of the patient and the disease to be treated. From my observation of unit work I would hesitate putting patients in the first week of measles or chicken pox in such a room. The age must be considered, because of the possibility of the child getting out of bed or exchanging toys, etc.

Just what a child may be allowed to do, if in a room of multiple units, depends on the age and mentality of the patient. It may be possible to allow great freedom, or the child may of necessity always be a bed patient.

The period of childhood is the time of training and the average child soon understands what is meant by "contaminated."

It has been found that adults are more difficult to handle than children. This is not always due to lack of understanding, but because they will not observe the rules.

The technic will fail unless the patients with different infectious diseases are kept apart. The ideal is a well equipped ward of single rooms, but this is impracticable because of the cost in building and maintenance.

In cities of sufficient size, where we have a great number of one kind of an infectious disease, it is cheaper and feasible to group, in units of three, patients in the acute stage of any disease. The number in a unit may be increased to six, in the convalescent stage, but this grouping should not be made until the patient has been under observation at least one week. Towns or small cities seldom have many patients with the same disease, therefore

[1] Presented at a meeting of the National League of Nursing Education, Minneapolis, May 27, 1925.

it is wiser to plan a ward of separate rooms in such localities.

The objection to caring for infectious diseases in a general hospital is the lack of proper equipment for isolation. Any hospital, and especially those caring for children, should have a properly equipped isolation ward of separate rooms or, if necessary, cubicles, in which the patients with or suspicious of an infectious disease may be kept.

It is true that the student must understand her work and she does require supervision, but does not the accomplishment of a work that requires concentration of thought produce satisfaction?

Responsibility with supervision creates interest. The student realizing that the supervisor has confidence in her ability is encouraged and does good work.

HIGH LIGHTS IN PEDIATRIC WORK [1]

By Sister Mary Therese, R. N.

THE AIM of the Committee on Pediatrics is to help in training others to build the child so that he may be physically capable of meeting and combating the ills of life. To do this successfully, we have found that skilled training is necessary. We must have nurses who have had special work with babies, either during their training or as a postgraduate course. I have seen nurses who are splendid with grown-ups, but are absolutely helpless when they are asked to take care of a baby. Therefore, all those who intend to care for babies should first equip themselves by special study. No one can impart what she does not know, nor should this be expected. Unless a supervisor has had a course in Pediatrics, she can not efficiently teach it to others.

Looking over the list of hospital replies that have been returned in response to our questionnaire, the fact that struck me most forcibly is that we give so little sunlight to our babies. Sunlight is the cheapest as well as the most wonderful thing in the world, and I think that when God made the sun, He must have had in mind the babies, for if we except food, nothing is more beneficial to them. Then why not let them have it? Do you know that out of 300 hospitals, only 8 pediatric departments have a south exposure? Everybody loves a baby; let us show this love by making a little sacrifice and change the arrangement of our floors, if necessary, to let the little ones play in the sunlight.

Expense is always a big item in a hospital, yet in some things hospitals are unnecessarily extravagant. Take, for example, the observation or isolation ward in many of our hospitals. How many have an observation or isolation ward in the children's department? And if they have, how many are using them? Only three out of three hundred hospitals isolate for an adequate period of time. Now isolation is not a fad or a fancy, it is a practical fact. If into a ward of, say ten children, a new baby comes who within the first five or ten days develops scarlet fever or measles, what a chaos it causes, to say nothing

[1] Report of the Committee on Pediatrics, read before Group II, Catholic Hospital Association, Spring Bank, Wis., June 24, 1925.

of anxiety and expense. The baby has to have a private room and a nurse and all exposed babies have to be isolated. If these, in turn, show symptoms of the disease, they too have to have another room and another nurse. If when your baby first comes to the hospital, it is put into an observation or isolation department, all this may be avoided. This fact is deeply impressed on my mind, for when we first opened Misericordia Hospital, we did not see the necessity of isolation, although the department was there. When the department had been in operation for a short time, a case of measles developed and we were quarantined for three months. Needless to say, we have used our isolation department ever since.

It is evident that our hospitals have not suffered from gonorrheal vaginitis from the fact that only 16 hospitals out of 300 make a vaginal smear on the admission of girl babies. If no other factor were to speak in favor of vaginal smears on admission, except the satisfaction of knowing that the babies are free from gonorrhea, it would more than repay the small amount of work required to get the information.

Another fact of which we do not wholly get the significance, is the value of breast feeding. All of our hospitals are most careless on this point, due, I think, to lack of thought on the part of the obstetrician. If the mother has a cold or doesn't care to nurse her baby, the doctor will humor her and without further thought write an order to put the baby on the bottle. Now, if the doctor were checked up on this and asked why he was weaning the baby, after a few experiences he would think before he did it and eventually discontinue this practice. All who are working with babies, owe it to them to see that they are breast-fed, because breast milk is a vital necessity for which there is no substitute, and mortality among breast-fed babies is between three and four times less than among babies who are artificially fed. Besides, the deprivation of breast milk lays the foundation for defects which are discovered later in life. I think if mothers realized how much it means to the future welfare of the baby, we should have no trouble in procuring breast milk. Breast feeding is the birthright of every child and it is no one's privilege to deny it to them.

TOO LATE FOR CLASSIFICATION

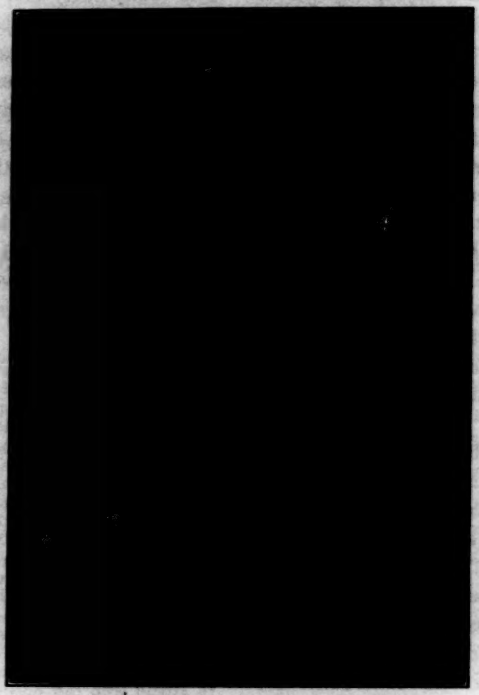
The annual meeting of the INDUSTRIAL SECTION OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING will be held this year in Cleveland, Ohio, in connection with the Conference of the National Safety Council from Sept. 28 to October 2, with Headquarters in the Hotels Statler and Winton. The meeting of the Industrial Section is scheduled for Sept. 30, at 2 p. m. The meeting will be held in the Hotel Cleveland and will be presided over by the Chairman of the Section, Mary Elderkin, Union Carbide Co., New York. Dr. Cassius H. Watson of the American Telephone and Telegraph Co., New York, will speak on Health Education in Industry. Every industrial nurse is urged to attend who can possibly do so.

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on October 13 and 14. Application must be filed at least fourteen days before these dates. All unregistered graduates are notified that the waiver of high school graduation is for this October examination, only. Frank M. Vaughan, M.D., Secretary, State House, Boston.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Marquette, Mich., September 16 and 17, 1925. Helen de Spelder Moore, Secretary, Lansing.

New Hampshire: The quarterly meeting of the NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION will be held at the St. Joseph Hospital, Nashua, Wednesday, September 9. The morning will be spent with the following sections: Nursing League of Education, Private Duty Nurses' League and the Public Health Section. These meetings will begin at 10:30. The regular afternoon meeting will be held at 2 p. m.

WHO'S WHO IN THE NURSING WORLD



L. MARGARET McKINLEY

BIRTHPLACE: Latrobe, Pennsylvania. PARENTAGE: Paternal, Irish (naturalized); Maternal, American. PRELIMINARY EDUCATION: Public Schools, Latrobe, Pa. COLLEGE EDUCATION: Night and Special Course. PROFESSIONAL EDUCATION: Graduate of Allegheny General Hospital, Pittsburgh, Penna. POSITIONS HELD: Night supervisor and assistant superintendent, Garfield Hospital, Washington, D. C.; Night Supervisor, University of Pennsylvania Hospital, Philadelphia, Penna; Private Duty Nursing, about three years; St. Paul's Home and Hospital, Rome, Italy; night superintendent, assistant superintendent and superintendent of training school, Orange, N. J.; assistant superintendent, New York Infirmary for Women and Children, New York; Superintendent training school, Missouri Baptist Sanitarium, St. Louis; nurse, Culver Military School, Culver, Ind. ADDITIONAL INFORMATION: Founded the first home and registry for nurses in Missouri in St. Louis, Mo., in November, 1909; DIRECTRESS, Central Directory for Registered Nurses, St. Louis, since that time. OFFICES HELD: President, Missouri State Nurses' Association, four years; Chairman, State Committee on Red Cross Nursing Service. ADDRESS: 4543 Westminster Place, St. Louis, Mo.

EDITORIALS

More R.N.'s

A TIMELY topic is that discussed in this issue of the JOURNAL by Augusta M. Condit, one of those modest but staunch supporters of nursing standards—standards of heart and soul as well as of hand and intellect—whose work constitutes the indestructible warp of our nursing fabric. We commend thoughtful reading of Miss Condit's article, for it is quite as applicable to many other states as it is to Ohio. Read it through to the end and ponder on the analogy between Registered Nurse and Real Neighbor. We have heard R. N. parodied many times, to our credit and to our discredit—R.N., Real Nurse, Royal Nurse—and alas! sometimes we have heard it interpreted in the argot of the street as Rotten Nurse—but Registered Nurse, Real Nurse, Real Neighbor—there indeed is food for thought suggested by one who daily practices what she preaches and who has been, for many fruitful years, a Real Neighbor to the sick poor of her city.

Tell Your Troubles

IT WAS in Minneapolis that a good friend and true apologized for telling her troubles to the editor in a moment of discouragement. But why not? Many nurses do it. We wish more would. In the first place there is subtle flattery in it. Only to real friends do we tell our troubles. Then, too, there is flattery in the assumption that one can help. Best of all, though, telling your troubles helps the editor with her own job for it is the function of an editor to link mind with mind. The editor cannot know the answers to all nursing problems, but if she is alert she knows where and how to secure the opinions of the thoughtful, of experts in the various fields, and of groups banded together by particular interests. Only by knowing the perplexities, the anxieties, the problems, as well as the fine achievement of nurses can your editor make a wise choice of material for your monthly ration of professional information.

In the instance quoted, the problem was by no means an individual one. Probably few people do have troubles that are really unique to the extent that no one has ever experienced them before. Our procedure was to check up other data, secure opinions, and finally to bring an expert to the rescue, all of which had a pronounced influence in raising the morale of a person too valuable to have her energies vitiated by discouragement and gave a valuable bit of nursing literature to the profession.

The JOURNAL does not promise to cure all ills but it is pledged to help nurses, whoever they are, in whatever they may be doing, if it is possible to secure needed stimulus or information. So again we say, "Tell your troubles to the editor," it will be counted a friendly act.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

WHAT PLACE SHOULD COMMUNICABLE DISEASE NURSING HAVE IN THE CURRICULUM?

BY CHARLOTTE JOHNSON, R.N.

IN PLANNING the basic curriculum for any school, the ultimate end in view is a well balanced education. If the nurse is to make a contribution of the greatest value to society, her education must have deep and broad foundations. Human sympathy, refinement, and culture are as essential as scientific knowledge and technical skill.

In the outline of the course of instruction for the school of nursing, certain definite aims should be kept in mind. First, the needs of the community should be thoroughly studied. Second, adequate preparation to meet these needs intelligently and efficiently should be provided. We are careful to give our students fundamental theoretical instruction. The actual value of this instruction is largely dependent upon its practical application.

Correlation between theory and practice or the project method of teaching brings an enrichment of experience to the student which can be obtained in no other way. This is eminently desirable in a professional school, where preparation for a definite service is being made. The school of nursing is peculiarly fortunate in having available material for research. The hospital is the laboratory in which the student learns to apply theory to actual bedside experience.

Our state laws demand that registered nurses have actual bedside experience as well as scientific knowledge before going out to care for medical, surgical, obstetric and pediatric cases. Does anyone presume that infectious diseases are less prevalent or attended with fewer dangers or that they can be neglected or unintelligently cared for with less disastrous results than those under the other classifications? The most intelligent and public spirited young women entering our schools of nursing come with the desire to prepare themselves for the highest possible type of service. They are eager to respond to human need wherever found.

If the student nurse does not have actual experience in the management and care of communicable diseases during her period of training, where she has careful supervision, what are the probable results? In the first place, she is handicapped seriously in every way. Her own personal safety depends upon adequate preparation in this very important branch of nursing. Every year young nurses drop out of the ranks, victims of infectious diseases, largely because of the lack of knowledge of the technic of protection. Second, it is unfair to the patient who is often seriously ill and who needs the most skillful nursing care by one who has learned to recognize and promptly report danger signals and who is able to meet emergencies intelligently. This ability can be acquired only by actual experience. Third, it is unfair to the public to send young women out who are not fully prepared and entirely competent to handle a contagious situation efficiently.

Control of infection at its source and

the prevention of the spread of disease is a service of the greatest importance. This has not received sufficient emphasis either in our medical or nursing schools. The common welfare of the community should be uppermost in the minds of all public spirited persons. Physicians and nurses from the very nature of their work are under peculiar obligations which should be held as sacred privileges. They should have the best possible equipment for the service to be rendered. The public has a right to expect them to manage communicable diseases in such a way as to check their spread and to use every available means in their prevention.

However fine the course of study, however excellent the hospital equipment, nothing can take the place of clinical material and the careful practice of aseptic technic. The nurse can no more be expected to work out a perfect technic in the control of contagion from theory, without practice, than she can be expected to learn tennis by theory. Confidence and technical skill can be acquired only by repetition of detailed procedures.

What vital interests of the community can better be served than by giving our nurses practical experience in the care and management of communicable disease? When nurses clearly understand efficient isolation methods and how to apply asepsis in a practical way, infectious diseases may be isolated safely in one part of the home without the necessity of quarantining the entire house. By taking proper precautions members of the family may then go about their usual occupations without endangering others.

Again when a case of infectious disease develops in a general hospital, by proper isolation and by the observance of strict asepsis, the patient may be cared for on the same corridor with medical cases without being a menace to other patients. The small town hospital can greatly increase its value to the community if the nurse is prepared to care for the occasional case of contagion in the building with other cases.

What part should nursing play in the program of preventive medicine? Public health physicians are saying that the detail work in the control of infectious diseases must of necessity lie largely in the hands of the public health nurse. What are we doing about it? Are we giving her a basic preparation under proper guidance or are we pushing her into the stream to sink or swim?

Will she be quick to recognize Koplik's spots or rashes that she has never visualized? Can we expect her to exclude the school child promptly and to report his condition accurately when symptoms appear which she may have read about in some textbook but has never actually observed?

Let us answer the question truthfully, "Why has experience in infectious disease nursing not been a part of the basic curriculum in our schools for nurses?" Three primitive instincts have long stood in the way. They are fear, ignorance and selfishness. With our knowledge of the means of protection and prevention, fear is at last disappearing. In the light of science and with the rapid advances in preventive medicine this bogy is losing ground. Now that we can make simple skin tests to determine immunity to diphtheria and scarlet fever and are able to protect susceptible individuals against these and other

infections; now that by proper technic the nurse may care for patients suffering from tuberculosis, venereal and other communicable diseases safely, we should give her supervised practical experience in their care. We should be afraid not to give her the preparation needed, in order to meet the problems involved safely and efficiently.

Ignorance is no longer excusable. We are entering upon a new era in the conquest of contagion. With the rapid developments in modern medicine and aseptic methods, public health problems present a splendid challenge to the young physician and nurse of the present time. If the nurse is to do her share in this work, she must be ready for the task. In so far as we fail to inspire her with the desire to make a worthy contribution in the onslaught against contagion, we have failed in one of our greatest opportunities for service to society.

Selfish interests should no longer stand in the way of our obligation both to the nurse and to the patient. The student may be a valuable asset to the hospital during her last months of service but shall an important part of her education suffer? Hospital superintendents and members of hospital boards do not generally understand nor recognize the very urgent necessity for practical experience in the preparation of the student for this important phase of nursing. In the face of the pressing problems of the general hospital, there is a very great tendency to meet its insistent demands to the neglect of the education of the nurse.

As directors of schools of nursing it is our duty to solicit the interest and coöperation of our boards of managers and other co-workers in this problem, and to make clear to the public that it is our purpose and determination to prepare the student to give intelligent and efficient nursing service wherever there is need.

Are *we* vitally concerned with her fundamental equipment? Shall she have adequate preparation for a neglected type of nursing which is needed everywhere? What place *should* communicable disease nursing have in the curriculum?

FROM OUR BIRTHDAY MAIL

From Illinois: "I want to have my Senior class subscribe."

From a New York city: "I shall endeavor to see that every nurse here becomes a subscriber."

From Wisconsin: "Here is my first candle. I hope many others will follow and that you will have a glorious celebration."

From Virginia: "I am entirely sold as to the value of the *Journal* to every nursee." —A Public Health Nurse.

From West Virginia: "This is just a small place, I am the school nurse. Our state meeting will be held next month and I will be glad to do all I can at that time as I feel every nurse should be a regular subscriber. Don't know what I'd do without it."

From a State President: "We are sending to each District Association a partial copy of your letter, a club sheet, and a pro rata number of slips. I do hope we shall have the desired number of subscribers by December 1st."

A WARNING

Nurses in Florida, Kentucky and New Jersey write that they have given money to young men purporting to be college students or magazine agents and have never heard from it afterward. Not a penny has come through to the *Journal*. These nurses have helped support fraudulent agents. Do not give money to unknown agents. Beware of a yellow card printed in black and red, offering a two-payment system. Every authorized agent can show credentials from this office.

THE CARE OF THE TUBERCULOSIS PATIENT[1]

By Katharine J. Densford, R.N.

THE subject of the care of the tuberculosis patient is not a new one. Since the time of Hippocrates it has been a topic of varying and fluctuating interest. So much has been written and spoken, and so ably, on this subject that it is only my very keen interest which permits me to speak again concerning some things, which while they may seem trite, yet need to be stressed over and over again.

Tuberculosis, like the poor, is always with us and, like the poor, it is ubiquitous. No other disease is more universal to all ages, the infant, the child, the youth and the adult. The unfortunate thing about it is that, just as venereal disease, so it enters our homes, our street cars, our hospital wards unannounced and oftentimes remains in or leaves these same abodes undetected.

We are told that from 2 to 3 per cent of our population is ill at all times and that only 10 per cent of this group enter the hospital while 90 per cent remain at home. If this is true, then it is necessary that in providing care for the tuberculosis patient we make our program two-fold in order to care for the 90 per cent in the home as well as for the 10 per cent in the institution. Our care must extend to the home as well as to the hospital.

In both cases, the objectives are the same,—prevention and cure. While some care attains only to the one or the other of these objectives, both are so interwoven, intermingled and interdependent, that in the giving of care to the one end the other goal is approximated.

Assuming that all of us are familiar with "Rest, Fresh Air and Good Food—and the greatest of these is Rest" treatment, I shall omit further mention of this. I wish to stress, instead, in the care of tuberculosis, five factors. These apply to the home and hospital alike and look toward both prevention and cure.

The first is *education*, and this includes education of the public and of the patient as well as of the nurse. The nurses should be given a very definite course in theory and practice and many schools of nursing are now giving such a course, though there is a sufficiently large number, of even the better schools, giving no such instruction. The subject of the education of the nurse has been most ably discussed in a paper by Louise M. Powell. Some changes and additions have been made to the course as published by her. More pathology is being given in most schools offering the course, also some instruction is being given on the newer surgical treatments of pneumoperitoneum, phrenicotomy and thoracoplasty, mention also being made recently of the new gold cure—sanocrysine; and much more time is being given to the study of the public health phases of tuberculosis nursing, some schools giving field work coincident with the ward practice.

As to the education of the patient, there is no place where he can learn so well how to care for himself so as to give himself the best possible care and so as to protect others from contracting the

[1] Presented before the National League of Nursing Education, Minneapolis, May, 1925.

disease, as in a sanatorium, and it is now a notable fact that doctors and nurses are urging practically all patients to spend at least a short time in a sanatorium for just this purpose of learning how to care for themselves and how to protect others.

When we come to the education of the public we have a more complicated problem. The question of publicity, important in so many fields of work, is equally important here. The public gets some information from those who have had the disease or those who have been caring for it; namely, patients, nurses and doctors. This is a sure but rather slow process of disseminating knowledge. Again, knowledge on this subject is spread to a certain extent but may be, and should be to a much larger extent, I believe, through the press. "It pays to advertise!" And if this statement applies to private mercantile ventures, how much more should it apply to matters of health concern! Then, the movie is a staunch ally of many and worthy subjects. If it is used, as it is, to portray the processes of digestion and, very soon, the circulation of the blood, might it not be used in much larger degree than it is, not only to disseminate knowledge about tuberculosis, but about all nursing? It is well to remember in this connection that in order to secure the best results from a movie portraying professional work, the portrayal should be technically correct. Finally, I should like to see the time when all public school teachers, both urban and rural, will be much better prepared than they are now to teach the principles of hygienic living and the prevention of disease. When this time comes, knowledge of the prevention of tuberculosis should be common to all, for the school teacher reaches everyone. Through the cöoperation, then, of those in contact with the disease, of the press, the cinema, and the public schools, knowledge can be adequately spread to a large proportion of our population of 110,000,000 people.

While our first factor was one of publicity the second is one of *economics*. Where undue poverty exists in a home, it is folly for us to suppose that any amount of our institutional care, together with all the educational propaganda at our disposal, will provide rest, fresh air, and good food, for all or for any one member in that home. Undoubtedly, we must use every means to spread knowledge to everybody about tuberculosis in order that we may give the proper care, but equally we must provide an adequate source of income for the family in order that it may have the essentials for this care.

In the third place the nursing care depends on the *spirit of the nursing service*. It should be a sort of religion to tuberculosis nurses so to give the necessary physical care, so to care for the mental requirements of the individual, and so to provide an atmosphere and environment meeting adequately the spiritual needs of the patient, that he will be comfortable, contented and happy. This attainment will be in direct proportion to the type of the nursing service. The nurse must have knowledge and she must have an interest and inclination that carry her up and beyond the hundrum. Only if the nurse is of high type in training and in interest will you get the best in return from your patient. The following incidents will illustrate what I mean. A patient

ill in a hospital had, at no time, made a church affiliation. When asked by the nurse if he wished to see a minister or priest he was in doubt whom he wished to see. Then he turned to the nurse and said something to this effect: "What's your religion, Miss —? That's good enough for me." How many of us would merit the same question? Another patient in the same hospital this spring asked, with his last breath: "How is Miss ——?" a nurse who was away on account of illness.

The fourth factor is that of *medical supervision in relation to the nursing care.* While the nurse is responsible in hospital and home for a very great amount of care, either of the ambulant or bed patient, the care which looks forward to a cure must necessarily depend upon constant and expert medical supervision. If a patient is, and so long as he is, an absolute bed patient, any intelligent nurse should give proper care, but she is not in a position to know when a patient may be allowed exercise nor how much he may be allowed. The prescribing of exercise must be the responsibility of the doctor. Exercise in constantly varying quantities and under constantly varying conditions, is a matter of medical concern. Whether it be the exercise required in going to meals, in taking one's own bath, or in taking a walk, even though the nurse thinks she knows what the amount should be, she should not take the responsibility of prescribing this exercise any more than she would of prescribing medicine. What she should do, having a good medical staff or physician, in hospital or home, is to accord to that staff or physician the same interest and loyalty which she gives to her patient. This would seem to be more important in tuberculosis than in most other diseases because of the length and character of the disease. A fine *esprit de corps* must be maintained between doctor and nurse in hospital and in home to sustain proper care and instruction.

The last factor, and by no means the least, is the *confidence of the patient* in the nurse and doctor caring for him. This confidence will be present if both doctor and nurse have the knowledge and the spirit of the game. If a patient has faith in those entrusted with the supervision of his health, whether the prescription be to stay away from work for an unlimited time, when he wishes to work tomorrow, or to do undesirable work tomorrow, when he prefers resting, he is going to follow directions carefully and cheerfully. Advisedly, I have said nothing of the coöperation of the patient, for I believe if we provide the proper care, which includes all of the factors mentioned above, together with many others that might be named, coöperation, except in rare instances, can not but follow.

CHANGE OF INSTITUTE OF OHIO STATE ASSOCIATION OF GRADUATE NURSES

This Institute is to hold joint meetings of the three sections,—the Educational Section, the Private Duty Section and the Public Health Section. It has been found necessary to change the date of the Institute from August 31 to the week of October 5. The Institute will be held in Cleveland, and the headquarters will undoubtedly be at the Hotel Statler. The Committee has arranged a very splendid program.

Alma Binzel, who has a national reputation as a leader in work connected with the study now being made of "The Normal Child," has been secured. She will probably appear on the program on the morning of Oct. 8 or 9.

This is the first joint Institute that the Ohio State Association of Graduate Nurses has attempted, and it is hoped that it will prove a success.

REVISION OF THE STANDARD CURRICULUM

(Continued)

PERSONAL HYGIENE [1]

Time: 15 hours.

Teacher: Classes conducted by the instructor of nurses. To be accompanied by at least 15 hours in physical exercises. (Taught, if possible, by an instructor of physical education).

Objects of Course

1. To impress upon the pupil the paramount importance of good health, and to help her to form the health habits which will enable her to "live most and serve best."

2. To show the close relationship between hygiene and all nursing work in the prevention of disease and promotion of health, and to develop a "health consciousness" which recognizes the social implications of personal hygiene.

3. To emphasize the opportunities and obligations of the nurse as a teacher of personal and public hygiene.

4. To teach a few general exercises which will help to strengthen and keep the body in good condition.

Outline of Classes

I. *Introduction—The Meaning of Health and the Health Problem.*

Various ideals and conceptions of health—ancient—modern. Standards of community health as shown in morbidity and mortality statistics. Factors influencing health—heredity, environment, individual differences. Social and economic value of health. Importance of health to the nurse. Special problems to be met in the student's new environment and new duties. The nurse as a teacher of health.

II. *A Lesson in Accounting.*

(After physical examinations and "health inventory," students to bring the "health inventory" to class, giving their own health habits and conditions of health). Importance of periodic health examinations. Our assets and liabilities. (Discussion of "findings" of physical examination). Comparison of "health scores." Importance of good health habits and how to form them. Have students decide on specific habits to be acquired during term and plan for periodic "check up" to determine progress.

III. *Exercise and Posture.*

Muscular activity in relation to health. Beneficial effects of exercise. Kinds of exercise and adaptations to age, sex, occupation, climate, etc. Relative value of different kinds of exercise. Fatigue, its symptoms and effects. Methods of rest and relaxation. Importance of posture and right methods of sitting, standing, walking, bending, etc.

IV. *Food and Food Habits.*

Relation of food and food habits to health and efficiency. Energy requirement of average nurse on active duty. Importance of well balanced meals. Conditions which interfere with digestion and nutrition. Food fads, overeating and under-eating.

V. *Respiration.*

Essentials of respiration. Principles of ventilation. Sources of impurities in the air. Effect of temperature and moisture, still and moving air. "Breathing exercises," uses and limitations. Colds, causes, prophylaxis, treatment. Tonsil troubles. Adenoids. Sinuses. The use of the voice—tone, pitch, quality, etc.

VI. *Circulation.*

Meaning and importance of "good circulation." Causes and effects of poor circulation. Effect on heart of over-strain, violent exercise, poisons. Relation between infectious disease and cardiac disorders. Prevalence and prevention of cardiac disorders.

VII-VIII. *Elimination of Waste.*

Excretory organs and excretions. Care of the skin. Bathing. Kinds of baths for well people. Care of the teeth, hair, nails, and hands. Soaps and toilet accessories. Prevention and treatment of common skin infections. Elimination of body waste through the kidneys. Importance of drinking sufficient amount

[1] Prepared by the sub-committee on Personal Hygiene—Colinna French, Amy Grant, Maud Muse, Mary Marvin, Elsa Maurer, Grace Watson, Nellie Hawkinson (chairman).

of water. Constipation, common causes and prevention.

IX. *Functional Periodicity.*

Relationship of the reproductive organs to the normal function of menstruation. Common disorders. Precautions and ordinary measures to observe—bathing, exercise, avoidance of medication and exposure.

X. *Clothing.*

Function of clothing. Materials—cotton, silk, wool, linen, etc., and their various uses. Adaptations of clothing to climate, occupation, etc. Hygienic clothing for the nurse on and off duty. How to choose a proper shoe. Care of the feet—excessive perspiration, corns, bunions, ingrowing nails. Fallen arches. Preventive exercises.

XI. *Vision and Hearing.*

Conditions for normal vision. The causes and effects of common eye troubles. Care and protection of the eyes. Avoidance of eye strain. Need of expert advice and treatment in eye defects. Common disorders of hearing, their causes and effects. Protection and care of the ears.

XII. *Mental Health.*

Nature of the nervous system and its relation to health. Conditions in modern life which produce high nervous tension and fatigue. Importance of relaxation and sleep for the conservation of nervous energy. Importance of developing correct mental habits. Significance of early training in developing a well balanced nervous system. Necessity for work, recreation, companionship, and desirable outlets for the emotions.

XIII. *Social Hygiene.*

Meaning and scope of social hygiene. Problems of sex education. Sex instinct, the strongest of all normal fundamental instincts. Biological foundation. Relation to other instincts. Normal sex development. Importance of clear understanding of biological laws, education, frankness, healthy thinking and actions. Effects of ignorance and wrong teaching in the community at large.

XIV. *Checking up Health Account.*

Comparison of "Health Score" made at beginning and at end of course. Discussion of results.

XV. *Examination.*

Methods of Teaching

1. The class and discussion method with occasional lectures will probably prove most satisfactory. In addition, special projects might be worked out by the pupils. If possible, a course of physical exercises should accompany class work.

2. Hygienic rules should be based on scientific principles, using courses in anatomy and physiology and bacteriology as groundwork.

3. As a knowledge of hygiene is not of much use unless it is consistently applied, emphasis should be placed on the forming of hygienic habits. An individual "Health Inventory" based upon a physical examination and the awarding of a "Health Score" to each pupil with points for good habits, and demerits for untoward habits might prove an incentive to the pupil to form new health habits and so raise her "Health Score." Records should be kept by the pupils so that progress can be checked. At the end of the course another examination should be given and a comparison made of "Health Score" obtained at the beginning and at the end of the course.

4. Emphasis should be placed upon the nurse as a "Teacher of Hygiene"—her opportunities and responsibilities.

5. If a textbook is used it should be liberally supplemented by assigned readings in reference books, magazines, and pamphlets.

Equipment and Illustrative Material

Lantern slides. Moving pictures. Posters, popular material, exhibit material, etc.

If possible, gymnasium or room fitted up with simple apparatus.

Suggested Projects

1. Get a blank map of the town, city or county in which the hospital is located and have students locate, by walks and rides, important parks, lakes, and centers of interest. Later, hospitals, health centers, etc., might be added to get a picture of the health resources of the community.

2. Have each student keep a record of her diet for a few days and then criticize it in relation to her size, weight, activity, etc.

3. Make a poster showing how to avoid colds. Trace the travels of a cold in a hospital group and its consequences.

4. Have student keep a record of every

opportunity which she has to teach health to her patients in the wards.

5. Make poster of "Mental Maxims."

6. Collect material on the subject of sex education which could be used in teaching young girls, boys, and their parents.

7. Have students collect posters and literature on nutrition, mental hygiene, conservation of vision, social hygiene, and other topics discussed during course. This material with other work of students such as notebooks, posters, etc., might be used for an exhibit at end of course.

TEXT AND REFERENCE BOOKS

Group I.—Essential or Desirable.

Williams—Personal Hygiene Applied. (Second Edition.)

Woman's Foundation for Health—Positive Health Series.

Fisher and Fisk—How To Live.

Bigelow—Sex Education.

Hill—The New Hygiene.

Group II.—Recommended for Use of the Teacher and for Wider Reading by Students.

Binder—Health and Social Progress.

Rosenau—Preventive Medicine and Hygiene.

Hill—The New Public Health.

Mosher—Woman's Physical Freedom.

Thom—Child Management (pamphlet).

Broadhurst—How We Resist Diseases.

McCollum—Newer Knowledge of Nutrition.

Royden—Sex and Common Sense.

Cabot—What Men Live By.

Rose—Feeding the Family.

National Health Series—

McLaughlin—Personal Hygiene.

Howell—The Human Machine.

Galloway—Life and Marriage.

Gillette—Food for Health's Sake.

Meanes—Exercise for Health.

Tobey—The Quest for Health.

Williams—Your Mind and You.

Group III.—Suggestions for Books on Physical Exercises.

Williams—Personal Hygiene Applied.

Woman's Foundation for Health—Positive Health Series.

Bellows—Individual Exercises.

Crampton—Physical Exercise for Daily Use.

Note.—The outline on "Modern Social and Health Movements," prepared by another subcommittee. (Gertrude Hodgman, chairman; Elizabeth Fox, Eula Butzerin, Harriet Frost, Mary Pickering, Abbie Roberts, Mrs. Elizabeth Soule) will be published in the September number of the *Public Health Nurse*.

Reprints of all these outlines may be secured from National Nursing Headquarters, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of twenty-five per cent will be allowed on orders of twenty-five or more.

OUR CONTRIBUTORS

Jessie L. Stevenson, A.B., R.N., is Supervisor of the Orthopedic Division of the Chicago Visiting Nurse Association. She is a graduate of the University of South Dakota and received her professional education in the Army School of Nursing and the Presbyterian Hospital School of Nursing of Chicago. In addition, Miss Stevenson has had a special course in Physiotherapy at the Harvard Medical School. She directed a Survey for Crippled Children for the Chicago Community Trust last year.

We are taking advantage of the absence of the editor of the *Journal*, **Mary M. Roberts,** to publish her paper, The Spirit of Nursing, because of the unusual interest manifested when it was delivered as an address. Reprints of this paper may be had if orders are sent in early.

Mary Price, A.B., R.N., who gives a clear description of the practical device, "A Soap and Alcohol Dispenser," is surgical supervisor in the Missouri Methodist Hospital of St. Joseph, Missouri, where the dispenser is now in use.

Augusta M. Condit, R.N., has long been active in Red Cross, state and district work in Ohio and has been a member of the Nurse Examining Committee for a number of years. She has devoted her life to public health nursing and, at the present time, as Associate Director of the District Nursing Association and Chief of Division of Nursing, Health Department of Columbus, she is demonstrating unusual coördination of nursing services under private and municipal auspices.

John J. Lloyd, M.D., is Medical Supervisor of the Monroe County Tuberculosis Sanatorium, Rochester, N. Y. Doctor Lloyd is always generous in sharing with nurses knowledge relating to the care of tuberculosis patients.

(Continued on page 788)

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

IN INTERNATIONAL OFFICE

CABLED NEWS, on July 25, from that picturesque northern capital, Helsingfors, where the International Council of Nurses had then just ended its sixth world meeting, announced that Miss Noyes had been elected first vice president. It is interesting to note that American Red Cross nurses now hold the two highest offices in the international nursing world for Nina Gage, who succeeds the Baroness Mannerheim as President, enrolled several years ago. When the Seventh International Congress is held in Pekin, in 1929, she will be a fitting hostess in the ancient land she knows so well and for the organization of nursing in which she is so largely responsible.

RED CROSS LOAN FUND FOR INDIAN STUDENT NURSES

Nursing education among the Indians is making good progress. For some time past, especially qualified Indian girls have been admitted to certain registered schools of nursing. The necessary preliminary education has been furnished in pre-nursing courses of two years' duration which have been established at Haskell Institute; Lawrence, Kansas; and Chemawa High School, Chemawa, Oregon. As more than three times the number of applicants have asked for admittance this year, it is probable that the government plan may be further developed and similar courses established at Chilocco, Oklahoma, and Albuquerque, New Mexico. These pre-nursing courses are given in connection with the school hospitals which correspond to college infirmaries and of which graduate nurses have charge. From them the girls are enabled to go on to registered schools of nursing.

One of these is the Ancker Hospital, St. Paul, Minnesota, in connection with which and under a special arrangement, a small maintenance allowance is made by government to each Indian student nurse. To help them complete their nursing education, the American Red Cross has just established a small loan fund on which the students may draw, thus consistently maintaining its interest in the establishment of public health nursing services in Indian reservations.

It is the general opinion that Indian girls are likely to make successful nurses. Their qualities of loyalty, industry, coöperation, and the right professional attitude, fit them for the profession they wish to adopt. The Superintendent of one hospital commends very highly an Indian supervisor, one of her graduates, for loyal and faithful service. Nursing students from Haskell Institute win especial praise at the hospitals they enter because they are neat and orderly in habit, well trained in domestic science and they have made good grades in class work. The pre-nursing course at this Institute, by the way, is now under the direction of two graduate nurses and resembles the first year course in theory in an accredited training school.

Haiti Honors Red Cross Nurse

In gratitude for her splendid services as supervising nurse at the General Hospital in Port au Prince, Haiti, M. Borno, President of the Republic, has presented to Marion Stanley Doane, the medal of merit. Miss Doane resigned because of ill health and is now in this country. Only two other Americans have ever received the above award and Miss Doane is the first woman to be thus honored. Haitians themselves esteem the medal of merit so highly that the only "foreigners" eligible to consideration have hitherto been members of the United States Navy.

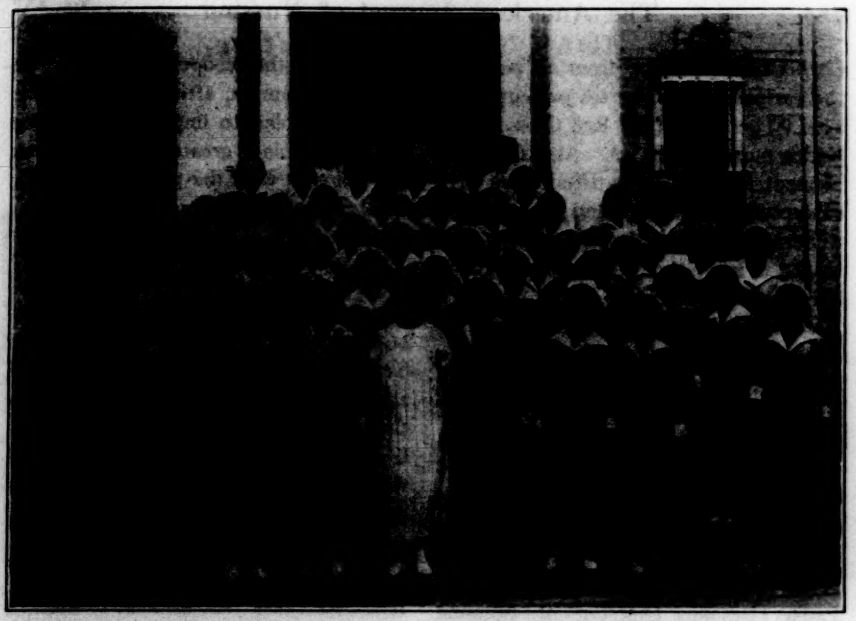
Miss Doane richly deserves this distinction. As President Borno so aptly phrased it, "She has given proof in the exercise of her duties of a tireless devotion and high qualities of heart and spirit that have won the sympathy of all."

The nurses assigned to duty in the Black Republic face no easy task. Ten years ago there was not a single graduate nurse in the island. The General Hospital at Port au Prince, with a capacity of 500 beds was in charge of French Sisters, women of sterling worth and preëminently self-sacrificing, but forbidden by their vocation to work in the maternity wards. They had given long years of service in a tropical country, often remaining at their posts without leave of absence over periods as long as twenty years. They were not, however, expected to develop schools of nursing. Accordingly, when the need for such a school arose, the United States Navy undertook its organization and until 1920 carried on the instruction. When the Navy nurses were recalled, the American Red Cross was requested by the Sanitary Department of the Haitian Government to send four nurses to develop the school further.

Inasmuch as French is the language of the Haitians, considerable difficulty was experienced from the outset in securing nurses qualified professionally and temperamentally and also proficient in this tongue. Eventually, however, Vashti Bartlett, accompanied by three other Red Cross nurses, accepted this service and as supervising nurse placed the school on a firm basis and won the love and respect of all her associates. Upon her return to the United States, two years later, Miss Hansberry took over the work, carrying it on with pronounced success, but after two years in this trying climate, she also returned to the United States. Thereupon Miss Doane was sent to Port au Prince and on March 3 of this year, the fifth commencement of the school of nursing was held, a class numbering twelve, of whom seven passed with a general average of over 90 per cent, receiving their diplomas.

Miss Doane regards it as significant of the progress made in nursing education on the island that in February, a young girl whose family had three years before, strenuously opposed her entering the school, again made application without any demur on their part. She hopes that this changed attitude will extend to other families in the more cultured class. She writes:

> A few years ago, difficulty in getting suitable applicants for the training school was the rule, due to the fact that it was felt that the graduates did not find employment. In the past two and one-half years, 38 of the 41 graduates available have been given opportunities for permanent duty, the result being a far greater



SECOND RED CROSS NURSES CONFERENCE, MANILA, APRIL, 1925

demand for admission to the school, as well as greater contentment among the graduates.

The present personnel of the hospital and school, in addition to the French Sisters, is made up of four American nurses (including the supervisor), and nine graduate Haitian nurses. On March 31, 1925, when the last official statistical report was compiled, 25 pupil nurses were under instruction.

Tessa de Alberti, sailed on June 4, to take Miss Doane's place. Both her natural abilities and her past record have admirably fitted Miss de Alberti for such a post. She was born in England and educated in her native land and in France. Her father was Italian, her mother Spanish, and she speaks with fluency French, Italian, Spanish and English. She is now a naturalized American citizen and graduated from King's County Hospital (Brooklyn, N. Y.), School of Nursing. From the time she joined the Army Nurse Corps, in April, 1918, to her latest foreign assignment with the C. A. R. D. in devastated France—1920 to 1924—Miss de Alberti has served continuously overseas. As a member of the American Red Cross Commission to the Balkans—from December, 1919, to November, 1920—Miss de Alberti's work in the refugee camps at Salonika was of such a high order that she was recommended for a certificate of merit.

ENTHUSIASM IN PHILIPPINES

No greater interest and enthusiasm could have been displayed by any body of nurses, anywhere, than at the Red Cross Nurses' Conference in the Philippines,—thus runs the tenor of reports which recently arrived, of the second meeting from April 1 to 7, last.

Gathering in Manila, from all parts of the various islands, nurses present averaged 90 per cent of the Red Cross public health nurses in service. As a fine supplement to their own attitude was that of every public health and other public welfare agency in the city which also helped to make the conference a success. The Commissioner of Public Welfare was one of the speakers and representatives of the Philippines Health Service and of the Bureau of Education gave addresses at the various meetings and functions. Many of the nurses from the office of the Commissioner of Public Welfare attended, as well as some from the Philippines Health Service, Manila staff.

"It was most gratifying," declares Pansy Besom, Director of Nursing Activities of the Philippines Chapter, "the way nurses asked questions and entered freely into the discussions."

Great point was made of matters of technical import, such as records and reports and the nursing procedure of the individual; and much attention was paid to the demonstration by the Manila staff nurses of bag technic, surgical technic in school and home and classroom, and individual inspection. Another indication of the development in nursing in the Philippines was the manner in which instructors from the Schools of Nursing at one afternoon meeting emphasized their desire to turn out nurses in the truest sense of the word.

Efforts were made for the unification of common interests. The Red Cross nurses present for the Conference attended the one-day annual meeting of the Philippines Nurses' Association, which coincided in time. Dentists and nurses also met at a joint meeting. As a result of this coöperative work, the supervising nurses, after the conference, drew up a plan to improve the service and to stimulate greater effort to work more closely with the parents, teachers, and local health agencies.

Unreturned Badges

Though the enrollment of the following American Red Cross Nurses has been annulled, appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Antler, Lennie Mae; Arens, Rose Anna; Ayers, Mary Ellen; Bair, Mrs. Edith Elliott; Doering, Kathryne C.; Foulk, Mrs. Lena (nee Deal); Glennon, Mrs. Margaret (nee Askey); Howe, Mrs. F. H. (nee Anna M. V. Hoctor); Howe, Margaret J.; Johnston, Mrs. Elizabeth J. (nee Kenny); Kattelman, Mrs. John H. (nee Ruth A. Murphy); Kernan, Mrs. Olive (nee Wait); Kilmer, Mrs. Wade C. (nee Katherine Miller); Kircher, Sophia; Klauder, Mrs. Nelle Elizabeth (nee Stalder); Kluck, Minnie A.; Koch, Mrs. Alice Gretrude (nee Torrey); Kolb, Adah Ferne; Kufus, Mrs. Bessie Olga (nee Smith); Long, Mrs. John (nee Julia Josephine Nelly); Lowery, Mrs. Robert P. (nee Anna Marie Johnson); Lyons, Mrs. Elizabeth (nee Meuse); Lyons, Mrs. Florence Beatrix (nee Tobin); McCartney, Mrs. Gertrude E. (nee Ramsdell); McConnell, Teresa; McLean, Florence Anne; McNeill, Marian Anna.

ITEM

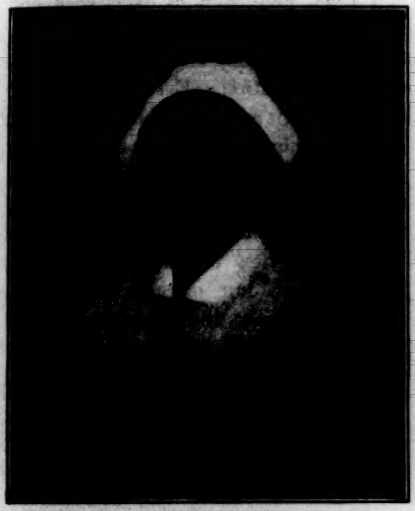
Julia Lenore Wolski, an American Red Cross Nurse, who came home on leave in March after two years as Supervisor at the Warsaw School of Nursing, sailed on July 21 for Danzig *en route* to the Polish capital. She returns as Assistant to Helen Bridge, the Director. Miss Wolski, who is of American Polish descent and whose home is in Detroit, is a graduate of the Woman's Hospital Infants' Home of that city. Before going to Poland, in January, 1923, she was on the staff of the Visiting Nurses' Association, Detroit.

STUDENT NURSES' PAGE

A CLASS HISTORY

By Iteena M. Chandler

Harlem Hospital Training School, New York City



Iteena M. Chandler
(Class, 1925)
Harlem Hospital, New York City

JANUARY 3, 1923, marked the beginning of the Harlem Training School for Nurses. On this date twenty young women, from almost as many states, entered as probationers, thereby forming the nucleus of the present class of 1925. These first probationers were told that the establishment of the school was an experiment and that its continued existence would depend upon the success of their work. With the coöperation and determination of the thirteen probationers who, at the end of the four months' preliminary course, passed the final test, success was assured to the extent that more applicants were accepted. On April 25, of the same year, this number was augumented by the entrance of fourteen more probationers. Early September marked not only the donning of caps and stripes of our second division of nurses, but completed our class by the entrance of a third division. The school at this time consisted of thirty-seven pupil nurses, now our present graduating class.

In the spring of 1924, the three groups, remembering the old adage "In Unity there is strength," felt the need of organization. It was our purpose to unite our forces toward establishing a high standard for our school, as well as creating among our different groups with whom we were to be in daily contact, a feeling of loyalty, confidence and better understanding; ever bearing in mind the grave relation of the "first class" to its school, as marking the road over which its successors are to pass. This movement was sponsored by Miss De Long, Director of Nursing Service of Bellevue and Allied Hospitals, and Mrs. O'Brien, our own Superintendent of Nurses, both of whom were present at the mass meeting called for that purpose and offered much encouragement, inspiring us with new hopes and enthusiasm. So it happened that on April 7, 1924, the first organization among the pupils of Harlem, met and elected a president, a vice president, a secretary, a treasurer, a chaplain and a sergeant. A student council was also elected, consisting of three members, one chosen from each group respectively.

After the selection of class pins, colors, mottoes and all that attends the first activities among newly organized classes, we began to feel the necessity for greater coöperation between class and school. Foremost in our minds was a desire to give the best we had toward the establishment of a strong foundation of what was to be our Alma Mater. For, after all, our being here was not a matter of social interests nor the mere fact of just becoming a nurse, but from the fundamental principles upon which the great field of nursing education is based! that is, a sense of duty, first to the patient and second to the nursing profession, by rendering such service as conditions demand, cheerfully, willingly and efficiently. Also in our chosen field, our first concern is the comfort and well-being of our patient. Our work in life is one of great human endurance, sacrifice and responsibility. We are never to lose sight of the fact that those entrusted to our care are the real cause of our being here, for without them our services would cease to be a necessity. It is for them that we put forth our best efforts and give the best we have willingly, and we feel that though our tasks seem hard and many times trying to the utmost, some one is being benefitted by our sacrifices, and the reward is ours in the end. In perservering in the faithful discharge of our duties to our patients, and at all times keeping our professional dignity, we are paying the great debt which we owe to our school and the nursing profession.

Very soon our thoughts will be directed toward the seedling out of which our alumnae association is to grow. How important it is then that we exercise the utmost care in starting it right to insure its proper growth and development. Do we not want to feel a sense of pride in the years to come, that we are a part or the beginning of Harlem Training School? Our two and one-half years here, rich in experience and broader education, have been consciously or unconsciously directed toward this day of graduation. Even from probation days, this day has been looked upon as the culmination of our ambition, the terminating of our trials and the realization of our ideals. But strange as it may seem, our arrival at this goal only brings us in fuller view of the fact that it is not the end, but merely a stepping-stone to a bigger and broader field. It is only the beginning; it is for us to find another point in the distance toward which to direct our efforts.

As we stand on the threshold of a greater life we may look back proudly at the work which we have accomplished. We can be glad now that our tasks were sometimes hard and worthy of our efforts. We are glad that we persevered in the face of obstacles which seemed discouraging and as we go forth with the knowledge that we have done our best, we take with us a high ideal that is worth struggling for.

May we resolve to live so that we may ever be found faithful to those virtues for which we have been taught to stand and at all times to be a credit to the school whose seal we bear. Let us go out into the world bravely, with a full realization of all that will be expected of us, and just as full of a realization of our own ability to meet every requirement. We have within our souls the full value of every gift we could crave out of life's great storehouse of which the assets are at our disposal.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

"THE HEALERS": A PAGEANT

DEAR EDITOR: From time to time there comes to everyone an experience so stimulating as to create an irresistible impulse to broadcast it for the pleasure and profit of others. This urge to publicity was the predominating reaction to the first performance of the pageant presented by the Milwaukee Central School of Nursing, at the Auditorium, June 9-10.

The Pageant, entitled "The Healers," and written by Marie Louise Smith, of the Lincoln High School, portrayed vividly the progress of the healing art from the days of the primitive healer, depicted by an Indian Medicine Man, through the Greek, early Christian, and monastic eras, the Crusades, the all but hopeless period of the Sairey Gamps, the dawn of the sanitary period of which Florence Nightingale was the prophet, to the scientific era expressed in its highest form by the many phases of work carried on by the nursing profession at the present time.

The cast included almost two hundred members, the majority of them students in the local high schools, the characters of the nurses in the different episodes being taken by student nurses from the various affiliated schools. The alumnae of these schools gave valuable assistance in the preparation of costumes and other "properties." The staging and costuming were very realistic, the episodes of Pope Urban and the Crusaders, and of the hospital at Scutari, being particularly effective.

The Narrator, in classic garb, occupied a beautifully designed and illuminated pulpit to the right of the stage, whence she announced and explained the different episodes. Appropriate music was furnished by the Riverside High School Orchestra, and beautiful allegorical dances were presented as part of several episodes by the pupils of one of the leading dance studios of the city.

The local press was very generous in giving publicity to the performance, and the response of the public was gratifying, a large audience greeting each performance.

The preparation and presentation of this pageant entailed an enormous amount of hard, painstaking work on the part of Miss Smith, the Director, and her assistants, Ethel Odegarde and Gale Fauerbach, of the Central School, but leaving out the gratification that comes from carrying a big undertaking to a successful finish, there are two outstanding features of this performance that would justify and repay any amount of hard work.

Of these the first is the effect on the performers themselves. Who can forecast the influence of such an experience on girls and boys standing at the parting of the ways where a choice of a life work must be made? Will it not inevitably influence some of them to enrich their own lives, and the lives of others, by joining the ranks of "The Healers"? Those who choose other lines of activity will have a better understanding and a more sympathetic appreciation of our problems.

Of equal, if not greater, importance, is the attitude of the public school authorities toward the Central School of Nursing. The Superintendent, his assistants, principals, teachers, and students, all did everything possible to insure the success of the pageant. Such coöperation is never accidental, school authorities are invariably conservative, and where such whole hearted support is given, some one has worked for it. Much credit is due the two nurses, Miss Odegarde and Miss Fauerbach, who are carrying on the work at the Vocational School, but the power to which the Central School is a monument, was generated in, and emanated from the minds and hearts of four of Milwaukee's leading nurse educators. Sister Emma Lerch, Stella Ackley, Lydia Reich, and most of all, that dynamic executive force, Marion Rottman, have changed a dream into a very practical reality, destined to be a powerful factor in the future of nursing education in Milwaukee.

HELEN W. KELLEY, R.N.

A SUGGESTION FOR OLDER NURSES

DEAR EDITOR: I wish to suggest a new field for nurses who are past their best strength and who are tired of the constant strain of professional work. It is regular child nursing. Several years ago I was called to

care for a baby for "a few days," and I stayed three years. I had the supervision and some care of two older children, and eventually oversight of the feeding of a newer baby. Some things were irritating, but I was devoted to the four boys and I was glad to stay. Later I took charge of two boys, aged two and five, and I give a ready hand with the baby. Of course I am giving twenty-four hour service and sometimes it seems like forty-four! But I like it and on the whole it is less trying than regular nursing. I have not had a nurse maid under me in either case, I *am* the nurse,—diapers, baby carriage and all. On the other hand, I have hours in the fresh air every day, a comfortable room by myself, the love and devotion of little children. I can go to church any evening, but morning hours are impossible. My earnings keep above $1,400 yearly. I regard this as public health and preventive nursing as truly as anything can be. It appeals to me far more than making dressings, or collars and caps, or such things as have been suggested for retired nurses.

Maryland S.

BOOKS WANTED

The University of Rochester would like to buy the following books for the School of Nursing Library: Cooke, Life of Florence Nightingale (2 vols.); Tooley, Memorial of Agnes Elizabeth Jones; Pitman, Life of Elizabeth Fry. Any nurse owning these books and wishing to sell them is asked to communicate with Helen Wood, Superintendent of Nurses, Strong Memorial Hospital, Rochester, N. Y., stating the price.

JOURNALS ON HAND

Volumes I—IX, bound in green cloth, without the advertisements; or Volumes I—IX, bound in red, with the advertisements, very bulky. Either set will be sold at the rate of $5 a volume, for the set. Address Emily O. Boswall, 839 Boylston St., Boston, 17, Mass.

JOURNALS WANTED

The Ohio State Association would like to secure the following numbers of the *Journal:* Volumes prior to December, 1910; 1912, October; 1914, April and June. Address Elizabeth P. August, 215 Hartman Theatre Building, Columbus, O.

OUR CONTRIBUTORS

(Continued from page 780)

Helen Palmgren, R.N., was graduated from a Methodist hospital just before the outbreak of the World War during which she saw service with the Red Cross; after demobilization and a subsequent period as assistant superintendent of a small hospital. Miss Palmgren took special training in eye, ear, nose and throat diseases, later having two valuable years of experience as assistant to a prominent specialist in eye surgery.

The paper by **Dr. Halsey De Wolfe** created so much favorable comment among Rhode Island nurses that the *Journal* is glad to have the privilege of publishing it.

Edith B. Wilson, R.N. (See "Our Contributors" for October, 1924).

Sarah C. Barry, R.N., is well known as one of the pioneers in practicing medical aseptic technic. She has long been in charge of the nursing at the Providence City Hospital, Providence, R. I.

Mrs. C. W. Hayhurst is Chairman of the Public Health Division of the Oregon Federation of Women's Clubs. She is an alumna of the Red Cross Nurses' Aid course.

Her sense of a felt need for adequate material for vocational guidance impelled **Florence E. Blazier, Ph.B.,** to write on Nursing as a Vocation, while she was working for the Bureau of Coöperative Research of the University of Indiana. She has done constructive work at Iowa State College, also, and is now in the Oregon Agricultural College.

Minnie Goodnow, R.N., whose vivid portrayal of hospital conditions in Cairo, "In the Land of Egypt," appears in this number, is well known to our reading public as we have had the privilege of publishing articles of hers before this, and also as she is the author of well known texts.

Sister Mary Therese. (See "Our Contributors," February, 1924).

Charlotte Johnson (See "Our Contributors," March *Journal.*)

Katharine J. Densford, R.N., M.A., is a graduate of the School of Nursing and Health, University of Cincinnati, Cincinnati, Ohio, entering that School from the Vassar Training Camp. She received her A.B. degree from Miami University and her M.A. degree from the University of Chicago. She was Supervisor of Nurses at the Cincinnati Tuberculosis Sanatorium and Instructor in Public Health Nursing at the University of Cincinnati for over three years. She also served in County Public Health Nursing for one year. She is now Assistant to the Dean of the Illinois Training School for Nurses, Chicago.

NURSING NEWS AND ANNOUNCEMENTS

A NOTEWORTHY NUMBER OF THE *JOURNAL*

The October issue of the *Journal*, as our readers know, is to be in part an anniversary number, with pictures of those who were most closely concerned with the beginnings of the *Journal* and of those who are guiding its progress now. There will be articles on present-day topics from some of those who contributed to the first number or to the first volume,—among them, Miss Riddle, Miss Nutting and Miss Wald.

In addition to the historical material, there will be a section devoted to the International Council of Nurses. Miss Roberts, the Editor of the *Journal*, who is still abroad as this September issue goes to press, has sent home some most interesting photographs and she has collected material on the Congress which no one of us will want to miss.

Orders for the October issue should be sent in early so that extra copies may be procured without fail. The price will be the same, 35 cents a copy, although the contents will be of such unusual value.

NURSES' RELIEF FUND

Report for July, 1925

Cash on hand, June 30, 1925	$20,930.66
Interest on bonds	106.25
Interest on bank balancce	12.42
California: Dist. 1, Alameda County, $26; Dist. 2, Fresno County, $75; Dist. 5, Los Angeles County, $110; Dist. 8, San Diego County, $25; Dist. 9, San Francisco County, $52.50; Dist. 10, San Joaquin County, $11; Dist. 13, Santa Cruz County, $11; Dist. 15, Sonoma County, $30; Dist. 16, Santa Ana County, $5; Orange County, $10; Dist. 22, Pasadena and vicinity, $2.50	358.00
Connecticut: Hartford Hospital Training School Alum. Assn.	50.00
Florida: State Nurses' Assn.	60.50
Iowa: Dist. 7	2.00
Massachusetts: State Nurses' Assn.	54.94
Michigan: Lansing Dist., $83; Muskegon Dist., $4; Kalamazoo Dist., $1; one individual, Detroit, $1	89.00
Nebraska: Dist 1	21.00
New York: Dist 4, Syracuse General Hosp. Alum. Assn., $25; Dist. 1, student body of Buffalo General Hosp. Tr. Sch., $25; Dist. 2, Rochester General Hosp. Alum. Assn., $100; Dist. 9, student body of Samaritan Hosp., Troy, $15; Dist. 13, one individual, $5; student body of Beth Israel Hosp. Tr. School, $50	220.00
North Carolina: Durham Nurses' Relief Fund	25.00
Oregon: Dist. 3	13.00
Rhode Island: Students of Rhode Island Hosp. Tr. School	15.00
South Carolina: Dist. 2, $16; Dist. 3, $75	91.00
Washington: State Nurses' Assn.	50.00
Total receipts	$22,098.77

Disbursements

Paid to 70 applicants	$1,045.00
Postage	25.00
Printing leaflets	95.00
Express charges	1.21
Office supplies	24.00
Exchange on checks	.50
Refund to Michigan State Nurses' Association of amount sent to Relief Fund in error	22.50
Interest received on American Nurses' Association Nurses' Relief Fund Savings Account left in that account	12.42
Total disbursements	$1,225.63
Balance on hand, July 31	20,873.14
Invested funds	83,531.14
Balance in American Nurses' Association Nurses' Relief Fund Savings Account	5,050.31
	$109,454.59

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman; she, in

turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO AUGUST 11, 1925

Previously acknowledged	$30,038.94
Receipts	
Minnesota: University School of Nursing Alumnae	10.00
Washington: District 3	5.00
	$30,053.94

THE McISAAC LOAN FUND

REPORT TO AUGUST 11, 1925

Balance	$231.79
Receipts	
Minnesota: University School of Nursing Alumnae	10.00
Balance	$241.79

MARY M. RIDDLE, *Treasurer.*

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of July, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Mary P. Kelly; to Station Hospital, Fort Leavenworth, Kans., 2nd Lieut. Marcella Obrien; to Station Hospital, Camp Meade, Md., 1st Lieut. Frances M. Steele; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Anna P. Hart, Caroline M. Myers; to Station Hospital, Fort Totten, N. Y., 1st Lieut. Victoria Anderson; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieuts. Viola G. Abel, Florence G. Flynn; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieut. Evelyn Hardy; to Walter Reed General Hospital, Wash., D. C., 2nd Lieuts. Christine C. MacLauchlan, Mary B. Dowling, Alida J. Garrison, Eleanor Conmey; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieuts. Georgia E. Johns, Willie P. Harris; to Station Hospital, Tientsin, China, 2nd Lieut. Evelyn E. Mericle.

Ten nurses have been admitted to the Corps as 2nd Lieutenants and assigned to stations.

Second Lieut. Louise Mary Valle, reported separated from the service, has been reassigned with station at Letterman General Hospital.

Orders have been issued for separation from the service of the following named: 2nd Lieuts. Florence B. Bersch, Frances E. Brown, Daisy D. Clark, Estelle M. DeMonthier, May deCairos, Myrtle Ducey, Sigrid L. Freegord, Esther L. Geiger, Mary R. Geiger, Grace H. Jones, Gladys Mayfield, Mildred Michaels, Willie Mitchell, Maude Moore, Marie Nye, Rose Pavlu, Viola S. Pease, Martha M. Rigge, Adeline E. Rothrock, Johnelle Spencer.

Appointments by the Surgeon General, U. S. Army, of American Red Cross Nurses as Chief Nurses of Reserve Medical Units to July 31, 1925: Bean, Eva M., Genl. Hospl. 67, Main Genl. Hospl., Portland, Me.; Cann, Jessie M., Genl. Hospl. 70, City Hospl., Worcester, Mass.; Cissna, Bertha M., Evac. Hospl. 63, St. Margaret's Hospl., Kansas City, Kansas; Claiborne, Estelle B., Genl. Hospl. 21, Wash. Univ. Med. School, St. Louis, Mo.; Clickner, Mayme C., Evac. Hospl. 48, St. Vincent's Hospl., Indianapolis, Ind.; Cobb, Ruth, Evac. Hospl. 4, Wash. Univ. Med. School, St. Louis, Mo.; Daly, Ellen C., Genl. Hospl. 7, Boston City Hospl., Boston, Mass; Elder, Mary L., Evac. Hospl. 65, Burlington Hospl., Burlington, Iowa; Green, Mabel C., Evac. Hospl. 47, Grant Hospl., Columbus, Ohio; Groben, Gertrude T., Evac. Hospl. 24, St. Vincent's Infirmary, Little Rock, Ark.; Hardin, Martha, Genl. Hospl. 125, Bell Memorial Hospl., Kansas City, Kansas; Harrell, Jean, Genl. Hospl. 43, Emory University,

Emory University, Georgia; Hastings, Ethel L., Surg. Hospl. 57, Bethany Hospl., Kansas City, Kansas; Keenan, Lila M., Genl. Hospl. 123, St. Elizabeth's Hospital, Lincoln; Kimball, Alice M., Evac. Hospl. 5, Mass. Homeopathic Hospl., Boston, Mass.; Koch, Estelle C. (Mrs.), Genl. Hospl. 57, Western Reserve University, Cleveland City Hospl., Cleveland, Ohio; Ladd, Frances C., Genl. Hospl. 6, Mass. Genl. Hospl., Boston, Mass.; Lake, Alice L., Genl. Hospl. 111, Univ. of Mich. Med. School, Ann Arbor, Mich.; Lee, Rachael T. (Mrs.), Genl. Hospl. 75, Geo. Wash. Univ. Hospl., Washington, D. C.; MacNeal, Jane C., Genl. Hospl. 10, Penna. Hospl., Philadelphia, Pa.; McPherson, Mary G. N., Evac. Hospl. 17, Ellis Hospl., Schenectady, N. Y.; McVicker, Mabel, Surg. Hospl. 6, Peter Bent Brigham Hospl., Boston, Mass.; Melville, Clara, Genl. Hospl. 38, Jefferson Med. College, Phila., Pa.; Miller, Elsie L., Surg. Hospl. 17, Frankford Hospl., Frankford, Phila., Pa.; Miller, Veronica, Genl. Hospl. 112 Chicago Policlinic Hospl., Chicago, Ill.; Morrison, E. Luella, Genl. Hospl. 29, Univ. of Colorado Med. School, Denver, Colorado; Neary, Agnace L., Genl. Hospl. 108, Mercy Hospl., Chicago, Ill.; Oehlschlaeger, Helen D., Station Hospl. 46, Englewood Hospl., Englewood, N. J.; O'Neill, Helen, Genl. Hospl. 109, Marquette Univ. School of Medicine, Milwaukee, Wis.; O'Neill, Margaret A., Evac. Hospl. 90, San Diego, California; Redfield, Mildred, Genl. Hospl. 52, Syracuse Univ. College of Medicine, Syracuse, N. Y.; Ross, Grace, Genl. Hospl. 17, Harper Hospl., Detroit, Mich.; Sargent, Fannie M., Genl. Hospl. 110, Illinois Masonic Hospl., Chicago, Ill.; Rottman, Marian E., Evac. Hospl. 22, Milwaukee Surgical Society, Milwaukee, Wis.; Scott, Eliza Irwin, Surg. Hospl. 13, Staten Island, N. Y. City; Selbert, Norma (Mrs.), Genl. Hospl. 99, Ohio State Univ. College of Medicine, Columbus, Ohio; Smith, Victoria, Genl. Hospl. 28, Christian Church Hospl., Kansas City, Mo.; Spencer, Maude W., Genl. Hospl. 100, SS. Mary and Elizabeth Hospl., Louisville, Ky.; Steele, Anna C., Evac. Hospl. 26, St. Vincent's Hospl., N. Y. City, N. Y.; Weyer Jeanette G., Evac. Hospl. 25, West Suburban Hospl., Oak Park, Ill.; Wilson, Emma E., Genl. Hospl. 53, Univ. School of Medicine, St. Louis, Mo.; Wilson, Margaret S., Genl. Hospl. 8, N. Y. Post-Graduate Med. School and Hospl., N. Y. City; Wright, Mary L., Surg. Hospl. 40, Waterbury Hospl., Waterbury, Conn.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

NAVY NURSE CORPS

REPORT FOR JULY

Assignments: Seven.

Transfers: To Annapolis, Md., Fern M. Andre, Elsie Brooke, Chief Nurse; to Chelsea, Mass., Jennie M. Jason; to Great Lakes, Ill., Elsie S. Ohlson, Mary Brooks, Chief Nurse; to Mare Island, Calif., Florence M. Gibson; to New York, N. Y., Frances C. Bonner, Katie M. Smith; to Norfolk, Virginia, Ella M. Rothermal; to Pensacola, Fla.; Luama A. MacFarland; to Portsmouth, N. H., Emma L. Grier, Mabel G. Hudson; to Pudget Sound, Wash., Bess C. Sanderson, Flora A. Gee; to Quantico, Virginia, Cecelia M. Egan, Laura M. Gemberling; to San Diego, Calif., Mary P. Leeder; to St. Thomas, Virgin Islands, Marie C. Boyle; to Washington, D. C., Dispensary, Navy Department, Maude A. Woolf.

Honorable Discharge: Louise R. Lobb, Reserve Nurse.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

REPORT FOR JULY, 1925

Transfers: To New Orleans, La., Julia Lumpkin; to Baltimore, Md., Pearl Finwall; to Boston, Mass., Josephine Daley; to Stapleton, N. Y.; Gaynelle Finks; to Pittsburgh, Pa., Adelaide Saltzman; to St. Louis, Mo., Sara Connell.

Reinstatements: Ethel Friedman, Salina Kane, Augusta Gunvordal, Edna C. Evans, Cleo Carroll, Gertrude Camors, Lela M. Durham.

New Assignments: Thirteen.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS BUREAU NURSING SERVICE

REPORT FOR JULY

Assignments: 24.

Reinstatements To Muskogee, Okla.,

Bertha Birtciel; to Oteen, N. C., Ella M. Seth.

Transfers: To Excelsior Springs, Mo., Ruth E. Hall, Clara Smithman, Anna Graham; to Camp Custer, Mich., Mary Devine; to Ft. Lyon, Colo., Edith M. Kelly; to Sheridan, Wyo., Mary D. Walters, Mary A. Mills.

It is expected that the new Veterans' Bureau Hospital at Aspinwall, Pa., will be ready for the reception of patients in the very near future. Nurses will be needed to staff this hospital.

During the past month the Superintendent of Nurses has visited the following stations for the purpose of supervising and reporting on the work of the nurses: Pittsburgh, Pa.; Buffalo, Tupper Lake and New York City, N. Y.; Newark, N. J., and Philadelphia, Pa.

MARY A. HICKEY,
Superintendent of Nurses.

U. S. CIVIL SERVICE EXAMINATION

The United States Civil Service Commission announces an open competitive examination for the positions of graduate nurse and for graduate nurse (visiting duty) in the U. S. Veterans Bureau and in the Indian and Public Health Services. For details, apply to the U. S. Civil Service Commission, Washington.

THE AMERICAN DIETETICS ASSOCIATION

THE AMERICAN DIETETICS ASSOCIATION will meet in the beautiful Edgewater Beach Hotel, Chicago, Ill., October 12, 13, 14 and 15. The program includes the very latest developments in the science of food and nutrition. Anyone concerned with any phase of the food problem will find it of especial interest.

LEAGUE OF RED CROSS SOCIETIES

The Advisory Board of the Nursing Division met in Paris, August 12 and 13. Mary Gardner, of Providence, R. I., was invited to take the place of Elizabeth G. Fox, American member of the Committee, who was unable to attend.

"THE CANADIAN NURSE"

The Canadian Nurses' Association is making an effort to increase the number of subscribers to its official magazine, the *Canadian Nurse*. Just as it is logical that every member of the American Nurses' Association should be a reader and a supporter of its own magazine, the *American Journal of Nursing*, so it is logical and desirable that every member of the Canadian Nurses' Association should be a reader and a supporter of her own magazine. Nurses on this side of the line would also find it of interest. 509 Boyd Bldg., Winnipeg.

"THE NATION'S HEALTH"

Dr. C. E. A. Winslow has resigned as editor of the *Nation's Health* and is succeeded by Dr. Frank L. Rector. Mrs. Susa P. Moore who has served so ably in the active management of the magazine becomes managing editor.

WORK IN RUSSIA

Word comes from Miss Dock that among the workers in Russia, under the American Friends' Service Committee are: Nancy J. Babb, of Virginia; Alice Davis, of Maryland, and Anna J. Haines, of Pennsylvania.

THE CATHOLIC HOSPITAL ASSOCIATION

THE CATHOLIC HOSPITAL ASSOCIATION of the United States and Canada held its tenth annual conference at Spring Bank, Wis., June 22 to 27. Eminence in hospital work was the general subject discussed during the meetings. Among the papers read that by Reverend E. F. Garesche, S. J., entitled, "The International Catholic Guild of Nurses, Its Needs, Organization and Purposes," and that by Edward A. Fitzpatrick, Ph.D., of Marquette University, entitled, "Trained Hospital Personnel," had special interest for nurses. Resolutions adopted by the association suggested for Catholic schools of nursing a standard curriculum and a uniform set of records; pledged "practical and energetic" support to the International Catholic Guild of Nurses in its program of membership, endowment, and organization; declared that the intellectual and spiritual element of hospital work should "receive singular emphasis by special training, by lectures and books in great abundance, and honest self-sacrifice, and unwearying effort for the intellectual and spiritual help of patients, nurses, staff and hospital sisters"; provided for the preparation of a handbook of Catholic hospitals for the United States and Canada; urged that a thorough and systematic course of religious instruction be made a part of the curriculum of all Catholic training schools;

endorsed the twelve-hour duty for graduate nurses, and again recommended the suggested minimum standards for nurses' sodalities both for students and graduates be secured at whatever cost of effort in all our training schools."

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in El Dorado, October 15, 16 and 17.

California: The Board of Directors of the State Association met at the San Francisco County Nurses' Club House, July 25, with an attendance of nine. The appointment of Mary M. Pickering to serve as a representative of the State Association on the special committee of the University of California to determine the field with which an Assistant Professor of Nursing Education should be concerned, was confirmed. It was decided to allow the *American Journal of Nursing* space required for publicity for its twenty-fifth anniversary in the *Pacific Coast Journal of Nursing*. The ticket for nominations for the American Nurses' Association was filled out as follows: For president, Elnora Thomson, Oregon; for vice presidents, Jane Van de Vrede, Georgia, and Virginia Chetwood, New Jersey; for secretary, Susan C. Francis, Pennsylvania; for treasurer, V. Lota Lorimer, Ohio; for directors, Adda Eldredge, Wisconsin, Mary E. Gladwin, Minnesota, A. Louise Dietrich, Texas. It was decided to take adjoining offices in the Call Building for the State Headquarters and for the *Pacific Coast Journal*.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses at Washington, on November 3 and 4. Application blanks must be in not later than October 24 and may be obtained of the Secretary-treasurer Alice M. Prentiss, 1337 K. Street, N.W., Washington, D. C.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in the Centennial Building, Springfield, October 13-15. The program as outlined contains the following subjects: The Nurse and Her Relation to the Rural Community, Dr. Eva M. Wilson; The Nurse in Pediatrics, Dr. Robert A. Black, Chicago; The Private Duty Nurse's Duty to the Hospital; the Hospital's Duty to Her, Alice Markland, Bloomington; Student Self-Government, Clara Weiler, Milwaukee, Wis; The Prevention of Scarlet Fever in Nurses on Service in a Contagious Disease Hospital, Laura Jane Kerr, Chicago; What Opportunity Does Head Nursing Offer for Teaching? Mabel Shields, Aurora; Demonstrations of First Aid Treatment, Employees of North Shore Electric Railroad; Illinois League for Nursing Education, round table, conducted by Ada B. McCleery, Evanston,—Who shall teach chemistry and bacteriology? How many hours a week shall an instructor teach? Number of subjects? Course in English, Value of affiliation for student and hospital, Should every hospital maintain a school for nurses? Educational value of present-day postgraduate courses, Selections of suitable texts for our school libraries, Extra-curricular activities of student nurses. Standardization of Schools of Nursing by the National League, Laura R. Logan, Chicago; Pilgrimage to the Tomb and Home of Abraham Lincoln; Organized Publicity for Schools of Nursing, Evelyn Wood, Chicago; Doctor Mollgarrd's Work on the Chemotherapy of Tuberculosis (The Gold Cure), Dr. Henry C. Sweeney, Chicago; The International Council of Nurses, Helsingfors, Minnie H. Ahrens, Chicago; Opportunities for Nurses in X-ray and Laboratory Work, Mrs. Armina E. Farrar, Macomb; Public Health Nursing in the Saving of Sight, Marion Campbell. The nurses' cottage on the grounds of the Edward Sanatorium at Naperville is in process of construction. Nurses of the state have worked hard for several years to provide this refuge for nurses suffering from tuberculosis. **Peoria.**—THE SEVENTH DISTRICT held a picnic at the Methodist Church recently, as bad weather changed the original plans. Fifty members who were present enjoyed an address by Agnes Newbold, graduate of the Proctor Hospital, and a former member of the District. Miss Newbold is now instructor in the McPherson County Hospital, Kansas.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will meet, October 1, 2, and 3 at Fort Wayne. **Indianapolis.**—DR. W. B. FLETCHER'S SANATORIUM held graduating exercises on August 18 for a class of four. The address to the class was given by Dr. J. E. Holman. Dr. Urbana Spink presented the

diplomas and Dr. Mary A. Spink, the class pins. The Nightingale Pledge was administered by Ella Connelly. Dancing followed the exercises.

Iowa: Anna M. Drake who has been for the past seven years Director of Public Health Nurses in the state, a position maintained by the Iowa Tuberculosis Association, has accepted a position in the Tuberculosis Hospital, Cincinnati, Ohio. Miss Drake has been one of the "lights" in the public health field in Iowa. She has worked for high standards in nursing education and legislation. Miss Drake was President of the Board of Nurse Examiners.

Kansas: The annual meeting of the KANSAS STATE NURSES' ASSOCIATION for 1925 will be held in Topeka, October 8, 9 and 10. The Board of Directors will meet October 8 at 10 a. m. and the Advisory Council will have a meeting in the afternoon of the same day. The general meetings will begin Thursday evening, October 8, with a banquet at the Hotel Kansan, headquarters for the convention. Anyone interested in the nursing profession may attend the banquet or any of the meetings. Reservations for the banquet should be made at an early date, in writing, to Mrs. R. D. Montgomery, 1529 Harrison Street, Topeka, Kan. The appointments on the State Board of Nurse Examiners of W. Pearl Martin and M. Helena Hailey having expired, July 1, Governor Paulen made appointments as follows: Alberta J. Bailey to succeed Miss Martin and Miss Hailey to succeed herself. Miss Martin has served for the past eight years on the Board, the last two of which she was President. The Board extended a vote of thanks to Miss Martin for her faithful service and all regretted that she was no longer one of their number. Miss Martin is employed in the Extension Division of the Home Economics Department at the Kansas State Agricultural College.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS announces the removal of its office from Somerset, to Thierman Apt. C-1, 416 West Breckenridge Street, Louisville.

Louisiana: THE STATE NURSES' ASSOCIATION will hold its annual convention, October 29 and 30, at a place not yet determined.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration, Wednesday and Thursday, October 21 and 22, 1925, beginning at 9:00 a. m. at the State House, Augusta. Applications should be filed with the Secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston, fifteen days previous to the date of examination.

Maryland: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration, October 19, 20, 21, 22, 23. All applications must be filed not later than September 20 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION will be held October 9 and 10, in Pittsfield. **Worcester.**—The alumnae of the SCHOOL OF NURSING OF THE WORCESTER STATE HOSPITAL met at the hospital for their summer meeting on June 26. After the business session, they were entertained by the medical staff of the hospital with demonstrations of some more recent special treatments. A luncheon was served. Commencement exercises were held in the evening in Sargent Hall for the four members of the class. The Linda Richards prize gift of the alumnae was merited by Miss Rogers; the Bryan prize by Mrs. Duffy. A reception for the class and dancing followed the exercises.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION held its annual meeting in Central High School Auditorium, Traverse City, June 24-26. The chief item of interest is that the members voted to establish state headquarters and to secure a director or executive secretary to handle the headquarters. The membership of the association is 2,480. Miss Sly's report showed that the expense to Michigan of the biennial convention of the national associations last year was $5,093.78. There is a balance left of $3,363. The slogan for the new year is an increased membership for the State Association, the unifying of nursing interests. There are 1,721 nurses enrolled in the Red Cross for the past year and to date. Michigan has had examination of 54,000 babies. The Little Mother's League is expected to contribute to a new interest in child welfare. During the past year, 4,500

tuberculosis cases have had care in Michigan from the county nurses. The Public Health Section, Emilie G. Sargent, chairman, during the past year has focussed its attention upon the passage of the permissive County Nurse Bill which became a state law in May. The most important provision in the bills aside from granting counties the right to vote funds to hire the nurse, states the educational requirements for the County Nurse. She must be a graduate registered nurse who has had additional training, either through a university course in public health nursing or by eight months of practical experience with a well supervised public health nursing staff. The importance of this provision is evident, as the whole idea of public health nursing is based on carrying the knowledge of health into the home. Believing that all branches of public health nursing have the health education of the community as a first principle, the round table discussion was arranged to illustrate that point and at the same time to give others the benefit of the educational methods which have been successfully developed by sister nurses in their respective fields. Virginia Hartwell, of Ogemaw County, told of her group work with school children, teachers and parents, but also stressed the psychological value she had found in arranging her time to allow for some actual bedside care, taking pains always to teach the family how to carry on and eventually assume the entire responsibility. Mae Rohr, State Orthopedic Nurse for the Children's Hospital of Michigan told of her travels up and down the state and particularly in the "backwoods" of the upper peninsula and the receptiveness for health education which she finds among families whose little handicapped children have received help in the hospital. Roberta E. Foote indicated the value of dramatic training in the very interesting and absorbing way in which she presented her topic, The Child Health Education Program of the American Tuberculosis Movement. May Leinbach reported on her work with the Industrial Mutual Association of Flint as an example of the importance industry attaches to the health of its worker and his family. The Department of Health of Detroit has an unusually broad health program and Mary P. Connelley shared its suggestiveness with all, pointing out how the underlying principles of their group work with high school girls, with expectant mothers, and also in club work with both church and lay groups might be adapted to the smaller town and rural community. Officers elected

MARY A. WELSH, R.N., PRESIDENT MICHIGAN STATE ASSOCIATION

for the State Association are: President, Mary Welsh, Grand Rapids; corresponding secretary, Mabel Haggman, Hurley Hospital, Flint. THE 1925 UNIVERSITY OF MICHIGAN EXTENSION COURSE FOR PRIVATE DUTY NURSES will be held in Detroit, September 14 to 18. The program is of unusual interest, consisting of cultural and technical subjects with demonstrations in latest methods of nursing procedure. An effort is being made to reach every private duty nurse in the state. An attendance surpassing that of last year is anticipated. The fee for the course is $4, payable to the Chairman, Frances S. Drake, 4708 Brush Street, Detroit, Michigan. **Ann Arbor.**—Shirley C. Titus has been appointed Director of Nursing of the University Hospital. Miss Titus has been superintendent of nurses at Columbia Hospital, Milwaukee, Wisconsin.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the next

examination on October 1, 2 and 3, in the following places: in Duluth at the Administration Building, Department of Education, 220 North First Avenue, East; in St. Paul, at the New State Capitol; in Rochester, at St. Mary's Hospital. Should there be a sufficient number of applications from the Northwestern part of the state, an examination will also be held at Crookston, on the same dates. Applications may be obtained from the Secretary, Dora M. Cornelisen, Old State Capitol, St. Paul; they should be returned by September 21. THE STATE REGISTERED NURSES' ASSOCIATION, THE STATE LEAGUE OF NURSING EDUCATION, and the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold a joint convention, October 5 to 9, inclusive, at the Ryan Hotel, St. Paul. **Duluth.**—THE SECOND DISTRICT is to hold an institute, September 15-17, with the following program: *September 15*, Registration at St. Mary's Hospital, where the meetings of that day will be held. 9:30, Address by Sister Stella; 10, demonstrations by student nurses; 11:15, round table for supervisors on routine preparation for operation or surgical procedures; 2:00 p. m., address on Private Duty Nursing, by Mary E. Gladwin, followed by round table discussion; trip through hospital and tea; 8 p. m., Cathedral Auditorium, address by Doctor Hirschboeck, tableau, address by Miss Gladwin. *September 16*, Meetings to be held at St. Luke's Hospital. 9:30 a. m., Demonstrations by students; 11, address on Goitre; 2 p. m., address on teaching principles and methods; 2:45, Opportunities Open to Graduate Nurses, Sister Olivia; trip through hospital, tea, and drive; 8:00 p. m., First Baptist Church, Addresses by Doctor Harrington and Miss Gladwin. *September 17*, 9:30 a. m., at St. Luke's, Demonstration on Care of Tuberculous Patient in the Home; 10, demonstration of contagious technic; 10:30, Address on public health nursing followed by round table; 2 p. m., at St. Mary's, Address on Nursing Organization, Dora E. Cornelisen; drive; evening, banquet or reception.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its fourteenth annual meeting in Gulfport, October 28 and 29. All members of the Association are urged to make their plans for attending this meeting and all registered nurses in the state who are not members are urged to make immediate application for membership, that they may be admitted at the annual meeting. It is the duty as well as a privilege of every nurse to belong to her state association.

Missouri: THE MISSOURI STATE NURSES' Association will hold its nineteenth annual meeting in St. Joseph, at the Robidoux Hotel, October 28, 29 and 30. **Kirksville.**—THE LAUGHLIN HOSPITAL TRAINING SCHOOL FOR NURSES organized an alumnae association, July 22, electing the following officers: President, Lillian Hansen; vice president, Anna Hale; secretary-treasurer, Hazel Fitch. Emma Mohs was elected an honorary member.

Nebraska: Beatrice. — BEATRICE SANITARIUM held commencement exercises on July 23, at the Y. W. C. A., for a class of six. The address was given by Dr. Francis Elias; the diplomas were presented by Dr. C. P. Fall, Superintendent of the Hospital. The members of the class were entertained at a dinner the same evening.

New York: The annual meeting of the New York State Nursing Organizations will be held at Albany, October 27, 28, 29. October 27 will be given to State Public Health and League of Nursing Education meetings. The regular State Association meeting will be held on the 28th and 29th. Hotel headquarters will be the Ten Eyck Hotel. Kindly make reservation early. **Brooklyn.**—On April 14, the ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE LONG ISLAND COLLEGE HOSPITAL, established a Loan Fund as a memorial to Ida L. Sutliffe, who organized the School. The Fund is to be called the Ida L. Sutliffe Educational Fund, and is for educational purposes along the lines of nursing. It is to be made available to all graduate nurses of the Long Island College Hospital. The amount already pledged and raised is over one thousand dollars. In January, 1925, the Alumnae Association issued its first number of the Alumnae Bulletin. Its purpose is to give to the graduates news of interest about the work of the Alumnae and its members and also the hospital. From the many letters received, the Bulletin is eagerly looked forward to. It is the intention to issue a regular quarterly edition. Bessie M. Donaldson, class of 1907, is the editor.

Clifton Springs.—MAXWELL HALL, the new dormitory for nurses, is in the process of construction. It is to be a five story brick building containing ninety-six single rooms, all of which will be supplied with running water. The first floor will house the teaching suite consisting of the demonstration room, lecture rooms, reference library and reading room, instructors' office, diet and science laboratories, a large recreation room, kitchenette and breakfast room, and laundry. The second floor will contain a large reception room and two smaller ones, suites for the Superintendent of Nurses and House Matron, and rooms for the staff. The third, fourth and fifth floors will contain the students' rooms. Each sleeping floor is provided with a sun parlor situated at the southern end of the building. **Olean.**—THE OLEAN GENERAL HOSPITAL held commencement exercises for its graduates on August 3, at St. Stephen's Parish House. Helen Wood, Director of the University School of Nursing, Rochester, gave the address. The diplomas were presented by E. H. Wright, President of the Board of Trustees.

Ohio: A JOINT INSTITUTE of the three sections of the State Association,—Education, Public Health and Private Duty,—will be held at the Hotel Statler, Cleveland, the week of October 5.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting in Tulsa, October 28-30.

Oregon: THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF GRADUATE NURSES will hold an examination for applicants for registration on October 8 and 9, Thursday and Friday, at Portland. Grace L. Taylor, Secretary-treasurer, 448 Center Street, Salem. THE OREGON STATE GRADUATE NURSES' ASSOCIATION held its annual meeting in the Central Library, Portland, July 20 and 21. Officers elected are: President, Margaret Tynan, Portland; vice presidents, Mrs. Ruby Emery-Buckle and Mary Campbell; secretary, Jane V. Doyle; treasurer, Margaret Giddings. The members greatly enjoyed their guests, Mary C. Wheeler, of Illinois, and Cecilia Evans, of Wisconsin.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its twenty-third annual meeting at Williamsport, October 26, 27, 28 and 29. Headquarters at the Lycoming Hotel. The opening session will be on Monday, October 26, at 9 a. m., with Jessie J. Turnbull, President, presiding; it will be entirely a business session. The second session opens at 1:30 p. m., when a report of the Legislative Committee will be given by Margaret A. Dunlap, chairman, also report of the State Board of Examiners for Registration of Nurses by S. Lillian Clayton, President. The formal opening will be at 8 p. m.; invocation, Rev. Geo. W. Nicely, D. D.; Address of Welcome, Rush E. Castelaw, M. D.; Response, Helene S. Hermann; President's Address, Graduate Nurses' Association, Jessie J. Turnbull; President's Address, State League of Nursing Education, Elizabeth F. Miller; President's Address, Organization for Public Health Nursing, Netta Ford; The American Red Cross Nursing Service, Clara D. Noyes. On Tuesday, October 27, 8:30 to 10:30 a. m., Business Session. 10:30 a. m., Private Duty Nurses' Section, Katherine J. Mayer, presiding. Business Session followed by address, The Best Qualified Nurse, Jessie J. Turnbull. During the afternoon session there will be community singing and addresses by Hon. Emerson Collins, LLD., Helen F. Greaney, and Roberta M. West. Ballot box for Private Duty Section open at 12:00 noon. The banquet will be held at 7:00 p. m. at the Lycoming Hotel, Jessie J. Turnbull, presiding. Richard Olding Beard, M.D., of Minneapolis, will give an address, also S. Lillian Clayton will talk on Schools of Nursing in Europe. On Wednesday, the entire day will be given over to the Organizations for Public Health Nursing with Netta Ford presiding. The Pennsylvania State League of Nursing Education will present its program on Thursday. AN INSTRUCTORS' INSTITUTE is to be held at Williamsport, October 29-31, following the State Convention, under the auspices of the State League of Nursing Education. The principal speaker will be May Kennedy, Director of the Illinois Institute, who will devote several hours to Psychological Principles Applied to Teaching. Among other features on the program will be papers on Teaching Psychiatric Nursing, The Intensive Plan of Class Work, Teaching Students How To Study, Providing the Necessary Time for Study, Deductions Based on the Results of State Board Examinations. There

will also be round tables on problems of the Instructor and a demonstration of First Aid also of Medical Aseptic Technic. It is hoped that many instructors will plan to attend. Information regarding it may be had from Alice Stratton, R.N., Chairman Institute Committee, Presbyterian Hospital, Pittsburgh, Pa. **Clearfield.**—The regular nurses picnic of the Clearfield Hospital, due to a downpour of rain, was held on the immeense porch of the Nurses' Home, July 16. Forty-one were present, the largest number they have had. **Columbia.**—COLUMBIA HOSPITAL ALUMNAE held a meeting July 21, at Rocky Springs Park. The graduates of the class of 1925 were entertained at a delicious supper. **Pittsburgh.**—THE ALUMNAE ASSOCIATION OF MERCY HOSPITAL SCHOOL OF NURSING held a special meeting in the lecture room of the school, June 16. Delegates were elected to attend the State convention. Arrangements were made to hold a bazaar some time during the early fall. Catherine Henry was elected general chairman. Sister M. Rose (Supt. of Mercy Hospital) gave a very interesting talk on the new million-dollar home Mercy Hospital is building for its nurses. Teresa Vogel explained the bond issue which will enable the nurses of this District to finance the building of the new club house for nurses. A buffet lunch was served by the Senior nurses; the meeting was well attended and enjoyed.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held its midsummer meeting on July 2, at the Nurses' Home, Newport Hospital, Newport. After the business meeting, Dr. Clarence L. Scamman gave a most interesting talk on Milk and Milk Bills. Tea was served on the verandah, and the visitors were taken through the hospital.

South Dakota: THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES held its ninth annual convention in Watertown, June 9-12, with headquarters at the Lincoln Hotel. The meetings were interesting and very well attended. Special sessions of the Private Duty Section and of the Public Health Section were held. Mrs. Elsbeth Vaughan, Director of Nursing Service, St. Louis, spoke on the work of the Red Cross and also emphasized the importance of the Private Duty Section. Through the courtesy of the State Dental Society, Dr. C. E. Harter, of Toledo, Ohio, spoke twice. His talks were interesting and aroused discussion. The District Medical Society procured Dr. Russell Wilder of the Mayo Clinic for a talk on Insulin. The members especially appreciated the coöperation of these two professions. Watertown nurses were more than kind, and the citizens were very gracious in their treatment. Their spokesman said the welcome they extended only reflected the esteem in which the nurses of Watertown were held. The association will meet in Pierre, the state capitol, next year. Officers elected are: President, Carrie E. Clift, Rapid City; vice presidents, Mable Woods, of Mitchell; Mrs. Ray Spooner, of Watertown; recording secretary, Lorena Wiard; corresponding secretary, Mrs. Margaret Hoover, Watertown; treasurer, Miles Hickok, Chamberlain.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Nashville, October 19 and 20.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual convention in Clarksburg, September 24, 25 and 26.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Eau Claire, October 19-21. **Eau Claire.**—The TENTH DISTRICT held its regular annual picnic at Carson Park, July 14. A lunch was served after the business meeting. Twenty-six members were present. As part of the conservation program adopted by the TENTH DISTRICT, and as a memorial to the nurses who lost their lives in service during the World War, a tree planting was held at the First Crossing on Memorial Highway. About thirty-four members were present. Following is the program: Reading, Joice Kilmer's poem, "A Tree," by Alice Touhy, Chippewa Falls; Singing; Address, by the Rev. Frank E. Wilson. Previous to this time, trees have been planted by members at the following hospitals: Sacred Heart, Luther Hospital and Mt. Washington Sanatorium. These trees were memorials to individuals, but the one on Memorial Highway has a more general meaning. A meeting of the LUTHER HOSPITAL ALUMNAE was held in the nurses' parlors, July 24. Plans for a bazaar in November were discussed. The association has a membership of forty, which has been divided into five teams to raise funds

for the nurses' home which is to be erected in the near future. **Milwaukee.**—At a special meeting of the FOURTH AND FIFTH DISTRICT held in July, a $200 scholarship was voted. Any member who has been on the roll for at least two years is eligible. **Madison.**—Helena McMillan, Superintendent of the Presbyterian Hospital School of Nursing, Chicago, has been the guest of Helen Denne, Professor of Nursing at the University of Wisconsin. A dinner was given in her honor, July 29, by the alumnae of the Presbyterian Hospital residing in Madison. About twelve were present. THE MADISON GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting July 23, at the Vilas Park. A picnic luncheon was served to about twenty members.

Wyoming: At the state meeting held in June, it was decided to take the great forward step of organizing into five districts with centers at Rock Springs, Lander, Cheyenne, Casper and Sheridan. Association Headquarters continue to be in Cheyenne, with Mrs. H. C. Olsen, 3422 Warren Avenue, as Headquarters Secretary. One of the features of Headquarters work is a Placement Bureau for Wyoming. The Association is now working as a body to get the next Legislature to authorize a full-time secretary for the State Board of Nurse Examiners, with an office in the Capitol.

MARRIAGES

Helen Acher (St. Joseph's Hospital, Elgin, Ill) to **Francis J. Holmes**, July 15. At home, Menominee, Michigan.

Hazel Anderson (class of 1919, St. Luke's Hospital, Marquette, Mich.) to Mr. Wallenstein, June 1.

Wilhelmina Joy Bairstow to LeRoy Senour Wolff, August 8. At home, Pittsburgh, Pa.

Christine Brakhage (class of 1924, Methodist State Hospital, Mitchell, S. D.) to Vincent Joyce Linn, July 29. At home, Virgil, S. D.

Hilma Brandvig (class of 1924, Fabiola Hospital, Oakland, California) to Arthur E. Anderson, June 14. At home, Kingsburg, California.

Choral Christine Charles (class of 1922, University Hospital, Kansas City, Mo.) to Albert N. Tremain, June 20. At home, Salina, Kas.

Marjorie A. Daniels (class of 1920, Allentown Hospital, Allentown, Pa.) to Reuben Hodge King, June 10. At home, Danbury, Conn.

Estelle N. DeMonthier (Army Nurse Corps) to George W. Parker, August 3. At home, Leavenworth, Kas.

Kathryn Gertrude Driesbach (class of 1924, the Germantown Dispensary and Hospital, Philadelphia, Pa.) to Henry Skiles Reed, June 6.

Nell Guthrie (class of 1916, Mercy Hospital, Pittsburgh, Pa.) to P. J. Zimmer, June 16. At home, Bridgeville, Pa.

Signey A. Hennix (class 1920, Western Minnesota Hospital, Graceville, Minn.) to Murray Huntress, June 19. At home, St. Paul, Minn.

M. Beatrice LaFrance (class of 1922, St. Francis Hospital, Hartford, Conn.) to Louis A. Woisard, in June. At home, Danielson, Conn.

Ruby F. Maurer (class of 1924, Mansfield General Hospital, Mansfield, O.) to Harold C. Doolittle, June 1. At home, Mansfield.

Clara Miller (class of 1918, Mercy Hospital, Pittsburgh, Pa.) to Warren Rush, July 1. At home, Pittsburgh.

Lucy A. Miller (class of 1924, Cortland Hospital, Cortland, N. Y.) to Charles J. Hauser, August 1. At home, Binghamton, N. Y.

Irene J. Moors (class of 1921, Symmes Arlington Hospital, Arlington, Mass.) to Alfred B. Hartford, June 20. At home. Chatham, Mass.

Hughes Morrow (Mercy Hospital, Pittsburgh, Pa.) to Morgan Cooper, July 8. At home, Beechview, Pa.

Jessie Pollack (St. Luke's Hospital, Chicago, Ill.) to Arthur Quan, June 9. At home, Madison, Wis.

Kathryn Schwartz (class of 1920, Women's Homeopathic Hospital, Philadelphia, Pa.) to Charles N. Shupp, June 20. At home, San Francisco, Calif.

Mary Belle Shely (class of 1923, Norton Memorial Infirmary, Louisville, Ky.) to Louis Culp, July 13. At home, Louisville.

Helen Marie Stokoe (class of 1921, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to F. Ellis Parmele, July 25. At home, Geneva, N. Y.

Hazel Marie Stoud (class of 1920, W. B. Fletcher's Sanitarium, Indianapolis, Ind.) to

Walter E. Townsend, June 25. At home, Spencer. W. V.

Annie T. Trumble (class of 1912, Melrose Hospital, Melrose, Mass.) to James Joseph Flynn, in July.

Elsie L. White (class of 1921, Peekskill Hospital, Peekskill, N. Y.) to Hart Cury, June 16. At home, Yorktown, N. Y.

Leah Wolf (class 1912, Norton Memorial Infirmary, Louisville, Ky.) to C. A. Boone, M.D., July 30. At home, Louisville, Ky.

Ida Wurst (class of 1914, John C. Proctor Hospital, Peoria, Ill.) to L. B. Elliston, M.D., July 9.

DEATHS

Nellie Russell Blaisdell (class of 1888, Long Island College Hospital, Brooklyn, N. Y.) on May 18, in Jefferson Hospital, Philadelphia, following an operation. Mrs. Blaisdell had lived in Punxsutawney, Pa., for the past thirty-five years.

Mrs. Mabel Croyden Bradshaw (class of 1896, Wisconsin Training School, Milwaukee) on July 29, at her home in Milwaukee. Mrs. Bradshaw had been in poor health for several months, but her death was unexpected. Mrs. Bradshaw was born in Manchester, England and had her early education there. She was one of the pioneer nurses of Wisconsin. She was Superintendent of Dodds Hospital, Ashland, Wis; Superintendent of School Nurses, Board of Education, Milwaukee; Supervisor of Nursing Activities, Milwaukee Chapter American Red Cross; Instructor in Home Nursing for the Red Cross. She was one of the authors of the Handbook of School Nursing, so largely used. She was a member of and chairman of the State Board of Nurse Examiners for six years. She was a wonderful example in nursing ideals and was a true friend. The members of the Wisconsin State Nurses' Association pay deep tribute to one who was a builder of the organization and her friends feel her loss deeply.

Mrs. Harold C. Golly (Beatrice C. DeGarmo, class of 1919, Rome Hospital School for Nurses, Rome, N. Y.) on August 1, at Seventh Lake House, Seventh Lake, N. Y. Mrs. Golly did private duty following her graduation and later, public health nursing. For the past four years she had been engaged in baby welfare work in Utica, where she endeared herself to all who knew her or who were privileged to come beneath her care.

Mrs. C. D. Wilson (**Lexina Jane Hadley**) in South Auburn, R. I., July 16. Mrs. Wilson was the first nurse to volunteer for service in the World War from Worcester, Mass. Several Red Cross nurses attended the services held on July 19.

Marian Eleanor Maseman (class of 1918, Prospect Heights Hospital, Brooklyn, N. Y.) at her home, Ridgewood, N. J., August 3. Miss Maseman had made for herself an enviable reputation, and her death is not only a loss to her friends, but to the profession as well.

Annie Neal (class of 1885, Long Island College Hospital, Brooklyn, N. Y.) on March 10., Miss Neal had been in poor health for a long time, but her death came unexpectedly, as she sat at the radio. She was in the Hospital before the Training School was organized and was granted a diploma with the class of 1885.

Mrs. Amelia Schmidt (**Amelia Schmid**, class of 1916, Lutheran Hospital School of Nursing, St. Louis, Mo.) on June 22, in St. Louis. Mrs. Schmidt was in active nursing service.

Let me glide noiselessly forth;
With the key of softness unlock the locks—with a whisper
Set ope the doors, O soul!

—*Walt Whitman*

BOOK REVIEWS

PERSONAL HYGIENE APPLIED. By Jessie Feiring Williams, M.D. Second edition revised. 414 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, $2.

Personal Hygiene Applied is a book which has established itself in our schools of nursing. This second edition has been improved in a number of details. The chapter on Science and Attitude has been almost entirely rewritten, especially that part concerning Christian Science. A good deal of valuable material about the prophylactic use of iodine has been added. The latest scientific observations regarding scarlet fever and diabetes and the material concerning vitamins has been rewritten in the light of modern science. A number of valuable tables have been given, including one on the number of hours of sleep necessary at different ages. Many of the graphs in the previous edition have been replaced by new ones giving more recent information.

For those who do not know the book, we may say that its aim is to inspire people to improve the quality of human life through sound hygiene. "To live most and serve best" is the keynote.

MARY E. NORCROSS, R.N.,
Philadelphia, Pa.

CLINICAL MEDICINE FOR NURSES. By Paul H. Ringer, M.D. Second revised edition. 306 pages. Illustrated. F. A. Davis Co., Philadelphia. Price, $2.50.

In classifying this book, it is best placed as a text for student nurses. As a reference book, it does not include material on enough subjects. The size of the book lends itself very readily to classroom use. The arrangement of the material in each chapter is excellent, specific and easily used, and includes a very valuable paragraph in every case on the diet in each disease. In classification of symptoms it is most satisfactory and each chapter is unified and completed by also adding suggestions on practical nursing.

The value of this book would be enhanced if a bibliography were appended or placed in the form of foot notes. In reviewing a book of this kind, which is designed to be placed in the hands of student nurses, we would suggest that greater emphasis be placed on the prevention of communicable diseases, with a page of definitions accompanying it, such as are commonly used in the various municipal departments of health, and also the short chapter on immunity would be better placed if it preceded the discussion of the different communicable diseases.

In order that this book may be kept at its present convenient size, it is suggested that anatomy be omitted altogether, as today anatomy is a required subject and practically every training school builds the subject of medical nursing upon at least 75 to 100 hours of anatomy in the first year.

In the whole plan of the book, if we place Diabetes Mellitus, Graves Disease, Hyperthyroidism and a discussion of Basal Metabolism, and also a definitional idea of Addison's Disease, with Hypothyroidism and Pituitary diseases

and disorders, all under the general heading of: "Diseases and Disorders of Endocrine Glands," it would be in harmony with most training school schedules. The second suggestion in the total book plan is that the grouping of communicable diseases occupy the first part of the book. This is the natural and logical plan and is the customary plan in most training schools, we believe, as many of the chronic diseases, such as cardio-renal, are often sequelae of the acute communicable diseases.

The book as a whole represents one of the best arranged as to material within the chapters that we have for training school use. The scope of discussion on each disease is inclusive in every way. It is sufficiently non-technical and yet sufficiently technical to be very satisfactory for student nurses.

MAUDE MCCLASKIE, R.N.,
Detroit, Mich.

DISEASES OF CHILDREN FOR NURSES. By Robert S. McCombs, M.D. Fifth edition, thoroughly revised. Illustrated. 581 pages. W. B. Saunders Company, Philadelphia. Price, $2.75.

In the first chapter of Doctor McCombs' book, under the heading, "Peculiarities of Children's Diseases," we find the weights and measurements of the normal infant, a sentence on the development of the special senses, a word about the muscular development, and a table giving the eruption of dentition.

We are realizing more and more that, in order to recognize the abnormal in children, we must have a better understanding of the normal development and reactions of the infant and child, and it would seem well to have a whole chapter devoted to these important facts.

In the chapter on "Nursing in Childhood," there are several statements made to which many of us will take exception. For instance,—the daily cleansing of the baby's mouth is no longer practiced and, in fact, is considered a dangerous procedure because of fear of injury to the delicate membrane lining the oral cavity.

The question of the bathing hour is important, too. Doctor McCombs says the middle of the day should be chosen as the time in which to give the baby's bath. I think I am safe in saying that for most mothers and nurses this hour would be most inconvenient and one of the best reasons for giving a daily morning bath is to refresh the baby and prepare him for a long quiet day of sleep.

In the same chapter, the mention of medical asepsis is very desirable and pediatric nursing will have advanced a great deal when the principles of medical asepsis have generally been put into practice.

The recent and very interesting chemical work which is being done in relation to nutritional diseases has not been mentioned in the article on rickets and scurvy; and cod liver oil, now considered as almost a specific in the cure of rickets, is not included in the treatment of that disease.

"Infant Feeding" and the "Milk Laboratory" are chapters which may be of value to the nurse as will be many of the illustrations, especially those showing the rashes of the contagious diseases.

GERTRUDE E. MALONEY, R.N.,
Boston, Mass.

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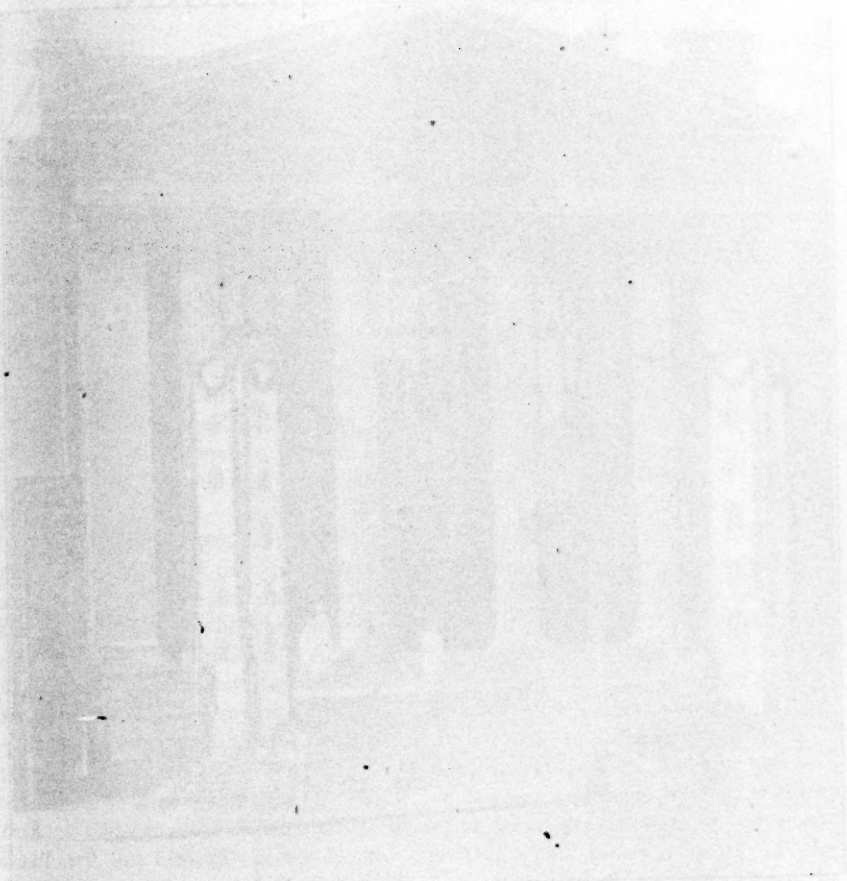
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